N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40655

1. PLACE OF DEATH

64 County Marion — Registration District No. 547 — File No.

Township Macon — Primary Registration District No. 3019 — Registered No. 329

City Hannibal (No. 1913 Gordon St. Ward)

2. FULL NAME Mattie A. Morris

(a) Residence, No. 1913 Gordon St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Marion Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 29 1882

7. AGE: YEARS 50 — MONTHS 11 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chicago Ill 2

FATHER

13. NAME: Nicholas Sebastian
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France 1

MOTHER

15. MAIDEN NAME: Marika Elanel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

17. INFORMANT (ADDRESS): Marion L. Morris, 1913 Gordon St. Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE 12/20 1932

19. UNDERTAKER (ADDRESS): James O'Donnell, Hannibal Mo

20. FILED Dec 22, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/18/32

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1932, to Dec 18, 1932

I last saw her alive on Dec 17, 1932. Death is said to have occurred on the date stated above, at 5:45 am.

The principal cause of death and related causes of importance were as follows:

Septicemia — Date of onset

1213 / 36 / 20

Other contributory causes of importance: appendicitis

Name of operation: appendectomy — Date of Dec 10

What test confirmed diagnosis? operation — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) A. L. Shaw, M. D.

(Address) Hannibal Mo