

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

Do not use this space.

1. PLACE OF DEATH

County Cloy Registration District No. 200
 Township Rehenny Primary Registration District No. 0279B
 City (No. _____) St. _____ Ward _____

File No. 684
 Registered No. 22

2. FULL NAME Mattie W. Morrow

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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 <u>♀</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm E. Morrow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 16-1866</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>8</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>
	13. NAME <u>Robert Affitt</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.C.</u>
	15. MAIDEN NAME <u>Nannie Allen</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>
	17. INFORMANT <u>Mrs Earl Shanks</u> (ADDRESS) <u>Street, Mo.</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel</u> DATE <u>Jan. 10, 1933</u>
	19. UNDERTAKER <u>Leonard Fry</u> (ADDRESS) <u>Rehenny Mo.</u>
20. FILED <u>1/10</u> <u>33</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1933

22. I HEREBY CERTIFY That I attended deceased from Nov 30, 1932, to Jan 9, 1933

I last saw her alive on Jan 30, 1933. Death is said to have occurred on the date stated above, at 1306 m.

The principal cause of death and related causes of importance were as follows:
Chronic Gastritis Date of onset _____
with
Gastric Ulcers
11/7/19
 Other contributory causes of importance: 11/7/19

Name of operation _____ Date of _____
 What test confirmed diagnosis? Micro 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? No
 If so, specify _____
 (Signed) W. H. Hadlock, M. D.
 (Address) Holk Mo

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.

1933

