

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

Do not use this space.

10485

**1. PLACE OF DEATH**

74 County Nodaway  
Township Grant  
City Barnard (No. \_\_\_\_\_)

Registration District No. 617  
Primary Registration District No. 5819

File No. \_\_\_\_\_  
Registered No. 4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Alice A. Morin  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Maryville, Mo  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 12 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Morin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6 - 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 1 1

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. \_\_\_\_\_  
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) Jackson Co Mo.

MOTHER FATHER  
13. NAME John Hightower

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Sarah A. Vernadad

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Harry Reardon  
Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Myrtle Tree DATE 3-9 1933

19. UNDERTAKER (ADDRESS) Campbell Funeral Home  
Maryville Mo

20. FILED 3/8 1933 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7<sup>th</sup> 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1932, to Feb 16 1933  
I last saw her alive on Feb 16 1933. Death is said to have occurred on the date stated above, at 2 P. M.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis of Livers  
46E  
47B 46E  
Other contributory causes of importance: Metastases to lungs

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? None  
(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) F. M. J. H. Ryan, M. D.  
(Address) Maryville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 24 1933

