

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

Do not use this space.

19436

31. PLACE OF DEATH *Illinois*  
County *Springfield* Registration District No. *318*  
Township *Springfield* Primary Registration District No. *3001*  
City *Springfield* (No. *2317*) *Howard Ave* St. *Howard* Ward *53*  
2. FULL NAME *Infant daughter of Mr. & Mrs. Richard O. Morris*  
(a) Residence, No. *2317 Howard* St. *Howard* Ward *53*  
(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.

JUL 21 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 9 - 1933*  
7. AGE YEARS *0* MONTHS *0* DAYS *1* If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*  
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) *Mo.*

13. NAME *Richard O. Morris*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

15. MAIDEN NAME *Edna Pearl Harris*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT *Richard O. Morris*  
(ADDRESS) *Springfield Mo.*

18. BURIAL, CREMATION, OR REMOVAL *Springfield Mo.*  
PLACE *Green Lawn* DATE *June 11, 1933*

19. UNDERTAKER *W. W. Ellis & Co.*  
(ADDRESS) *Springfield Mo.*

20. FILED *6-11-33* *Ralph W. Langston*  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 10, 1933*  
22. I HEREBY CERTIFY That I attended deceased from *June 9 - 1933*, to *June 10, 1933*  
I last saw her alive on *June 10, 1933*. Death is said to have occurred on the date stated above, at *9:00 P. M.*  
The principal cause of death and related causes of importance were as follows:

*Prematurity*  
*15'*  
Other contributory causes of importance:  
*1579*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) *W. W. Ellis*, M. D.  
(Address) *Springfield 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.

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