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

Do not use this space.

27340

File No. .....

Registered No. 25'

Registration District No. 696

Primary Registration District No. 4419

83

1. PLACE OF DEATH

County: Platte

Township: Farm

City: Tracy, Mo. (No. ....., ... St. ..... Ward)

2. FULL NAME: Jeanine Morris

(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.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 7, 1933

7. AGE: Years ..... Months ..... Days ✓ If LESS than 1 day, 2 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): Tracy Mo.

FATHER

13. NAME: Ernest Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Platte Co. Mo.

MOTHER

15. MAIDEN NAME: Ruth Ward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cedar Co. Mo.

17. INFORMANT (ADDRESS): Ernest Morris, Tracy Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Platte City Mo. DATE: Aug. 9, 1933

19. UNDERTAKER (ADDRESS): L. F. Robbins, Platte City, Mo.

20. FILED: Aug. 11, 1933 Mary B. Knight, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Birth of New Born 2:40 PM. 8-7, 1933

I last saw he alive on 3:45 PM. 8-7, 1933. Death is said to have occurred on the date stated above, at 5 p.m.

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

	Date of onset
Non Closure of Foramen ovale	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) L. W. Simmons M. D.

(Address) Smithville 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD