

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

Do not use this space.

28508

1. PLACE OF DEATH

County Scott
Township
City Chaffee (No. 1)

Registration District No. 816
Primary Registration District No. 4492

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Jessie Ethel Morris
(a) Residence, No. 329 Black St. 1st Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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 Robert J. Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23-1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>39</u>	<u>6</u>	<u>5</u>	

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) Charleston Missouri

13. NAME A. J. Stone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Alice Winters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurens Missouri

17. INFORMANT (ADDRESS) Robert J. Morris Chaffee Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE W. P. Cemetery DATE Aug. 29, 1933

19. UNDERTAKER (ADDRESS) H. F. Stephens Chaffee Missouri

20. FILED Aug 29, 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1933, 8-28, 1933

I last saw h. lv alive on 8-28, 1933. Death is said to have occurred on the date stated above, at 12 noon

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

Pulmonary Tuberculosis Date of onset about 1928

Other contributory causes of importance: 22

Name of operation _____ Date of _____
What test confirmed diagnosis? Labratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following No
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. J. Truitt, M. D.
(Address) Chaffee 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.

SEP 26 1933

99

100
4

