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.

NOV 10 1933

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

Do not use this space.

File No. 33661

Registered No.

1. PLACE OF DEATH

County Macon — Registration District No. 528

Township Callao — Primary Registration District No. 5704

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Drulia Francis Morrow

(a) Residence. No. Callao Mo St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 7 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 2 - 1850

7. AGE: YEARS 83 — MONTHS 3 — DAYS 23 — IF LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cairo Mo (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER: Andrew Chiturood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cairo Mo (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cairo Mo (STATE OR COUNTRY)

14. INFORMANT Emma Morrow (Address)

15. FILED Nov 1 1933 Callao Mo Wallach M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1933

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1933 to Oct 31, 1933 that I last saw her alive on Sept 18, 1933 and that death occurred, on the date stated above, at 1:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of the Uterus 48

48 (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) [illegible], M. D.

Nov 1, 1933 (Address) New Cambria Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Callao Mo — DATE OF BURIAL: Nov 1 1933

20. UNDERTAKER: Perry & Son — ADDRESS: Callao