

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

Do not use this space.

37489

1. PLACE OF DEATH

County Platte
Township Race
City Race (No.)

Registration District No. 677
Primary Registration District No. 4403

File No.
Registered No. 89 Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fe
4. COLOR OR RACE wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Geo. Wm. E. Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 1 1

OCCUPATION
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Kentucky

MOTHER FATHER
13. NAME John Swanney

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

15. MAIDEN NAME OK.

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

17. INFORMANT (ADDRESS) Emma Morris
Race, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE DATE 11-19-33

19. UNDERTAKER (ADDRESS) Harry R. Swanney
Race, Mo.

20. FILED Nov. 19, 1933 John F. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1933

I HEREBY CERTIFY, That I attended deceased from Oct 26, 1933 to Nov 16, 1933
I last saw her alive on Nov 16, 1933 Death is said to have occurred on the date stated above, at 10.9 m.

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

Laegrene of back and chest Date of onset 10-25-33

Other contributor causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) A. K. Mitchell, M. D.
(Address) Race, Mo

V.S. No. 2

MARGIN RESERVED FOR BINDING

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.

