

MAR 24 1934

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

Do not use this space.

7503

1. PLACE OF DEATH

108 County Lullivan
Township Morris
City (No. _____) _____

Registration District No. 849
Primary Registration District No. 6125

File No. _____
Registered No. 2
St. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Cook</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 17, 1845</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>3</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Schuylar Co. Mo.</u>		
13. NAME <u>George Morlan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Highway, Mo.</u>		
15. MAIDEN NAME <u>Ann Lewis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>John Cook</u> (ADDRESS) <u>Greenbatter</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Temple</u> DATE <u>2-22</u> 19 <u>34</u>		
19. UNDERTAKER <u>Went & Thompson</u> (ADDRESS) <u>Wingard, Mo.</u>		
20. FILED <u>3-7</u> 19 <u>34</u> <u>Virginia Gibson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1934 to Feb 21 1934
I last saw her alive on Feb 19 1934 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:
Bronchial Pneumonia Date of onset 2-17-34
1070

Other contributory causes of importance:
1070

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? No
If so, specify _____
(Signed) W. J. Dukes _____ M. D.
(Address) Wingard, 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

2351-2-1-2

