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.

FEB 27 1934

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

Do not use this space.

7583

1. PLACE OF DEATH
County: Washington
Township: Breton
City: ..... (No. ..... St. ..... Ward)

Registration District No. 887
Primary Registration District No. 1199

File No. .....
Registered No. .....

2. FULL NAME: Virginia Lee Morrison

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1934

7. AGE: YEARS — MONTHS — DAYS: 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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): Mineral Point Mo.

FATHER
13. NAME: Henry Morrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eugene Ind.

MOTHER
15. MAIDEN NAME: Venie Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Old Mines Mo.

17. INFORMANT (ADDRESS): Henry Morrison Mineral Point Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: M. Point DATE: Feb 5 1934

19. UNDERTAKER (ADDRESS): None

20. FILED: Feb 4 1934 G. F. Cresswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 A. m.

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

	Date of onset
Lack Nourishment	
1510	
158	

Other contributory causes of importance:
Chf. Pulls
Hard life

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? .....
If so, specify .....
(Signed) G. F. Cresswell Registrar
(Address) Potosi