

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.

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7
AUG 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County SevierRegistration District No. 111File No. 25130Township Opelia Mo.Primary Registration District No. 2002

Registered No. _____

City Opelia Mo.

No. _____

St. _____

Ward) _____

2. FULL NAME Rucille Jeanette Morris(a) Residence, No. 314 Winfield

St. _____

Ward. _____

(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 Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9-1933

7. AGE

YEARS 1MONTHS 11DAYS 19

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4

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) Opelia, Mo.13. NAME Ronald Morris14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Rouise Bartlett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) Ronald Morris
314 Winfield

18. BURIAL, CREMATION, OR REMOVAL

PLACE AcaciaDATE July 30, 3419. UNDERTAKER (ADDRESS) Frank Dicks Co.
Opelia, Mo.20. FILED 7-30-34

1934

Ed D. James

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 193422. I HEREBY CERTIFY That I attended deceased from July 28, 1934 to July 28, 1934I first saw him alive on July 28, 1934 Death is said

to have occurred on the date stated above, at _____ m.

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

Infectious Glee-Colitis Date of onset _____Other contributory causes of importance: 11/19/34

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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. M. James, M. D.(Address) Opelia, Mo.

