

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 19 1934

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

Do not use this space.

31692

1. PLACE OF DEATH

105 County Sullivan
Township Pleasant Hill
City (No)

Registration District No. 852
Primary Registration District No. 6132

File No.
Registered No.
St. Ward)

2. FULL NAME

Nancy Ellen Morris

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13, 1856
7. AGE YEARS 79 MONTHS 4 DAYS 21 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Virginia

13. NAME Frank Park

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

15. MAIDEN NAME Rachael Williams

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

17. INFORMANT Henry Morris
(ADDRESS) Cora, Mo.

18. BURIAL, CREMATION, OR REMOVAL near Cora
(ADDRESS) near Cora DATE Aug 6 1934

19. UNDERTAKER C. A. Schoer
(ADDRESS) W. Va.

20. FILED Sept 18 1934 Cleo Hagan
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934, to Aug 4, 1934.
I last saw her alive on May 9, 1934. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Breast
Date of onset
50
Other contributory causes of importance:

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) W. H. Hargett MD, M. D.
(Address) W. Va.

