

Jul 1 1935

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

Do not use this space.

18631

1. PLACE OF DEATH

County Saline  
Township  
City Marshall (No. ....)

Registration District No. 776  
Primary Registration District No. 2038

File No. ....  
Registered No. 90 (Ward)

2. FULL NAME Eather Morris

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard C. Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8-1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>8</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
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) Polk Co. Mo.

13. NAME John Sweeney

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

15. MAIDEN NAME Marriah French

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

17. INFORMANT (ADDRESS) John Morris, Jasper Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arrow Pool, Mo. DATE May 31 1935

19. UNDERTAKER (ADDRESS) J. H. Campbell, Marshall Mo.

20. FILED May 31 1935 Hebert Huston, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1935

22. I HEREBY CERTIFY That I attended deceased from 5-29 1935 to 5-29 1935

I last saw her alive on 5-1-29 1935 Death is said to have occurred on the date stated above, at 9:30 m.

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

Cerebral Hemorrhage  
Sick only 4 hours

Other contributory causes of importance: None

Name of operation: Autopsy Date of: May 29 1935

What test confirmed diagnosis? Autopsy

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury: None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: None

Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify: None

(Signed) Hebert Huston, M. D.  
(Address) Marshall 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.

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