

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.

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

Do not use this space.

18921

1. PLACE OF DEATH

County Barton Registration District No. 40
 Township Ramar Primary Registration District No. 4054
 City Ramar (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 36

2. FULL NAME

Rhoda 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 4 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1858

7. AGE YEARS 82 MONTHS 0 DAYS 5 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) Mass. County (STATE OR COUNTRY) Illinois

13. NAME James Black Joseph Morris

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) _____

15. MAIDEN NAME Margaret Foss

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs. G. M. Dease
Ramar, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gate Cemetery DATE June 10, 1935

19. UNDERTAKER (ADDRESS) A. B. F. N. Grants
Ramar, Missouri

20. FILED 6/9, 1935 A. G. Mynatt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1935, to June 9, 1935

I last saw her alive on June 8, 1935. Death is said to have occurred on the date stated above, at 1:30 P. M.

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

Gastric Carcinoma Date of onset 12/10/34

Other contributory causes of importance: None

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) C. E. Drackett, M. D.

(Address) Ramar Mo

