Wm. Clay.

AUG 13 1935

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

Do not use this space.

22294

File No.

Registered No. 140

1. PLACE OF DEATH

County Butler

Registration District No. 89

Township Poplar Bluff

Primary Registration District No. 5131

City (No. Kellytown, Poplar Bluff, Mo. St. Ward)

2. FULL NAME Dora Jane Morris

(a) Residence, No. Kellytown, Poplar Bluff, Mo. 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 28, 1867

7. AGE: Years 68 | Months 0 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

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): Seibert Kentucky

FATHER

13. NAME: Sam Majors

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Ester Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Lula Bell Newman (daughter) Poplar Bluff, Missouri

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE: Green Hill cemetery DATE: July 30, 1935

19. UNDERTAKER (ADDRESS): Greer Funeral Service Poplar Bluff, Missouri

20. FILED 7-30, 1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 7-11-, 1935, to 7-29, 1935

I last saw her alive on 7-27, 1935. Death is said to have occurred on the date stated above, at 12:14 P.M.

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

	Date of onset
Carcinoma of Uterus	(?)

Other contributory causes of importance:

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) [signature], M. D.

(Address) Poplar Bluff Mo.

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

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.