

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.

AUG 14 1935

22629

1. PLACE OF DEATH

County Franklin Registration District No. 288  
Township 2nd Primary Registration District No. 7172  
City (No. \_\_\_\_\_) Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Betty Marie Morgan  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-22-35  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_hra. or \_\_\_\_\_min.  
6 9  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Mo  
13. NAME J. J. Morgan  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
15. MAIDEN NAME Ida Myrtle Gray  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
17. INFORMANT J. J. Morgan (ADDRESS) Remmuth Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Graves DATE Aug 1, 1935  
19. UNDERTAKER (ADDRESS) Graves Funeral Service  
Remmuth Mo  
20. FILED Aug 7, 1935 W. H. Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31, 1935  
22. I HEREBY CERTIFY That I attended deceased from July 16, 1935 to July 31, 1935  
I last saw h. alive on July 29, 1935. Death is said to have occurred on the date stated above, at 1 1/2 m.  
The principal cause of death and related causes of importance were as follows:

Miss Balletis (Date of onset 7-10-35)  
Other contributory causes of importance: Whooping Cough 7-1-35

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? no  
If so, specify \_\_\_\_\_  
(Signed) J. P. Ryan, M. D.  
(Address) Remmuth Mo

