Mr Cunningham

AUG 20 1935

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

Do not use this space.

24052

1. PLACE OF DEATH
County Pike — Registration District No. 689 — File No.
Township ~~[illegible]~~ — Primary Registration District No. 3033 — Registered No.
City (Louisiana) (No. Pike Co. Hospital St. Ward)

2. FULL NAME Hildegarde Ann Morris
(a) Residence, No. Bowling Green, Mo. 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. 1 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 14, 1931
7. AGE: Years 3 — Months 7 — Days 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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): Pike Co., Mo.

FATHER
13. NAME: James Edward Morris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co., Mo.

MOTHER
15. MAIDEN NAME: Winnie Bell Ferguson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Whiteside, Mo.

17. INFORMANT (ADDRESS): James E. Morris, Bowling Green, Mo.
18. BURIAL, CREMATION, OR REMOVAL: PLACE Lincoln Co. Mo. DATE 7/12 1935
19. UNDERTAKER (ADDRESS): Mrs Lace Bankhead, Bowling Green Mo
20. FILED 7-9 1935 T C Haley Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-9, 1935
22. I HEREBY CERTIFY, That I attended deceased from 7-8, 1935, to 7-9, 1935
I last saw her alive on 7-9, 1935 Death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~[illegible]~~ Pyo-Nephrosis	7/2/35

Other contributory causes of importance:

Name of operation: Mo. Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Eric Cunningham, M. D.
(Address) Louisiana 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.