NOV 27 1935

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

Do not use this space.

File No. 37212

Registered No. 46

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 1115

Township: — Primary Registration District No.: 1115

City: Maplewood Mo. (No. 2257 Blandon St. Ward)

2. FULL NAME Isabelle F. Morton

(a) Residence, No. 2257 Blandon 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel H Morton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6 - 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	69	1	25	

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) Jacon Mo

FATHER

13. NAME Orson J Cutler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER

15. MAIDEN NAME Julia David

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

17. INFORMANT W. Bacher
(ADDRESS) 427 Orchard St. Webster Groves Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sparta Ill. DATE Mon. Nov. 4, 1935

19. UNDERTAKER Jay B Smith Funeral Home
(ADDRESS) 7456 Magnolia Maplewood Mo.

20. FILED Nov 10, 1935 Pauline Breitenstein
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1935 to Oct 31, 1935

I last saw her alive on Oct 30, 1935 Death is said to have occurred on the date stated above, at 4 P.M.

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

	Date of onset
Myocarditis (Chronic)	

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) Charles V Parker, M. D.

(Address) 1432 Buckstaff

mul 30 d

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.

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

100M-11-24-33