

FEB 19 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2029

1. PLACE OF DEATH

County Linn
Township Clay
City _____

Registration District No. 499
Primary Registration District No. 5664

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Elizabeth Rebecca Morfell

(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 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Morrell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17 - 1867</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>6</u>
	PAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gen. House work</u>	
	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)	<u>Linn County Missouri</u>	
FATHER	13. NAME <u>Joseph Deek</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn Co. Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Marten</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT (ADDRESS) <u>R.R. Morrell Meadville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ogan Cemetery</u> DATE <u>Jan. 21st 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Samuel Rhea Meadville and Whiting Mo.</u>		
20. FILED <u>Jan 20 1936</u> <u>ETW</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1935, to Jan 19, 1936
I last saw her alive on Jan 15, 1936 Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage Date of onset _____

Other contributory causes of importance:
None

Name of operation none Date of _____
What test confirmed diagnosis? Autopsy 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) Esther Meadville M. D.
(Address) Meadville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

