

AUG 15 1936

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

Do not use this space.

25590

1. PLACE OF DEATH:

County Buchanan  
Township Washington  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001  
(No. 413 Albemarle)

File No. \_\_\_\_\_  
Registered No. 950  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mattie Morris

(a) Residence, No. 413 Albemarle 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>6</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
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) Andrew Co. I.O.

13. NAME William P Lennear

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky.

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Bonetta Williams 413 Albemarle

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland, Cem. DATE July 18 1936

19. UNDERTAKER (ADDRESS) Ramsey's Mortuary 9th. & Olive

20. FILED 7-18 1936 A. J. Nettlebusch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20 1936 to July 16, 1936  
I last saw h. e. alive on July 15, 1936 Death is said to have occurred on the date stated above, at 12:20 A.M.  
The principal cause of death and related causes of importance, were as follows:

Myocardial Insufficiency Date of onset 14 months  
Heart prostration 24 hrs

Name of operation \_\_\_\_\_ 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? NO  
If so, specify \_\_\_\_\_  
(Signed) Deaton D. Anderson M. D.  
(Address) 216 1/2 W. 140 Ave

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.

