

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

Do not use this space.

AUG 21 1936

27170

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1. PLACE OF DEATH

County Lafayette Registration District No. 461
 Township Lexington Primary Registration District No. 3024
 City Lexington (No. _____) St. _____ Ward _____

2. FULL NAME Ella Scott Morrison

(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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Morrison		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1858		
7. AGE YEARS 77	MONTHS 10	DAYS 13
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home	
	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) Lexington, Ky.		
FATHER	13. NAME Dr. Wm. B. Cromwell	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Ky.	
MOTHER	15. MAIDEN NAME Elizabeh Aris Scott	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Payette Co. Ky.	
17. INFORMANT (ADDRESS) Miss Elizabeth Morrison Lexington, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo. DATE July 23, 1936		
19. UNDERTAKER (ADDRESS) Winkler, Lexington, Mo.		
20. FILED July 22, 1936 Page 13. Bates Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 17th, 1936, to July 21st, 1936
 I last saw him alive on July 20th, 1936 Death is said to have occurred on the date stated above, at 3:05 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion
9401
 Date of onset _____

Other contributory causes of importance:
Atherosclerosis

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? _____
 If so, specify _____
 (Signed) W. H. Rademacher, M. D.
 (Address) Lexington, Mo.

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.

