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

Do not use this space.

37433

NOV 27 1936

1. PLACE OF DEATH
County Pierce
Township [illegible]
City Walnut Grove (No. ..... St. ..... Ward)

Registration District No. 325
Primary Registration District No. 5450

File No. .....
Registered No. .....

2. FULL NAME Ethyl Estella Morris -

(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 10 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): widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-18-1882

7. AGE: YEARS 54 | MONTHS 5 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Ny.

FATHER
13. NAME David Mattice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny.

MOTHER
15. MAIDEN NAME Mary Weed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny.

17. INFORMANT (ADDRESS) Ruth Dean Wyandotte, Mich.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fordland Mo DATE 10/24 1936

19. UNDERTAKER (ADDRESS) Brim Funeral Service Walnut Grove Mo

20. FILED 10-23 1936 L E McCollum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1936, to Oct 22, 1936
I last saw her alive on Oct 21, 1936 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

apoplexy — Date of onset 10-15-36

Other contributory causes of importance:

Name of operation No. Date of .....
What test confirmed diagnosis? Physical 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) S. B. Smith, M. D.
(Address) Walnut Grove 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.

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