

DEC 3 1936

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

Do not use this space.

38132

## 1. PLACE OF DEATH

County Johnson  
Township Mtsinath  
City (No. ....) St. .... Ward)Registration District No. 429  
Primary Registration District No. 5598File No. 25  
Registered No. ....

## 2. FULL NAME

Name Mary Jane Morley  
(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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-18-18557. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
81 8 98. 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) Ohio13. NAME Curtis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Frank Morley  
(ADDRESS) interviewed18. BURIAL, CREMATION, OR REMOVAL PLACE Highway Point DATE Oct-31-3619. UNDERTAKER C. Saults  
(ADDRESS) 1120 N. 1st St. Mo20. FILED Oct 28 1936 J. Koeh Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 193622. I HEREBY CERTIFY, That I attended deceased from Oct 27th 1936 to Oct 27 1936I last saw h. alive on Oct 26 1936 Death is said to have occurred on the date stated above, at 10 P m.

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

My gastro enteritis  
about Oct 22 1936 Date of onset Oct 22 1936Other contributory causes of importance: eyeName of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy? M

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? M

If so, specify

(Signed) John T. Anderson M. D.(Address) Warrensburg 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.

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very small.