DEC 4 1936

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

Do not use this space.

40008

File No.
Registered No. 199

1. PLACE OF DEATH
County Saline — Registration District No. 796
Township — Primary Registration District No. 3038
City Marshall (No. , St. Ward)

2. FULL NAME Alice Ida 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)~~: Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1855

7. AGE: Years 81 | Months 5 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Work
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) Gilliam Saline Co Mo

FATHER
13. NAME John Archibald
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Catherine Offutt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT John Morrison
(ADDRESS) Gilliam Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fish Creek DATE Oct 22 1936

19. UNDERTAKER Jones & Boyd
(ADDRESS) Slater Mo

20. FILED Oct 21, 1936 Helen Huston
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1936, to Oct. 20, 1936
I last saw her alive on Oct. 20, 1936 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture right femur	10-10-36
Other contributory causes of importance: Pulmonary stasis	10-19-36

Name of operation None Date of
What test confirmed diagnosis? X-ray. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-10, 1936
Where did injury occur? Gilliam Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fell at bedside
Nature of injury Fracture hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) R. Allen, M. D.
(Address) Marshall, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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