

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.

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

Do not use this space.

578

FEB 16 1937

1. PLACE OF DEATH.
 22 County Christian Registration District No. 102
 Township Lincoln Primary Registration District No. 5252
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Cynthia Pond Morton
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17 - 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>66</u>	<u>9</u>	<u>18</u>	

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. 253

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) Missouri

13. NAME Bellus Pond

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elisha Buel

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

17. INFORMANT William Pond
 (ADDRESS) Clewer, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wise Hill DATE Jan. 6 - 37

19. UNDERTAKER J. W. Maples
 (ADDRESS) Clewer, Mo.

20. FILED Feb 10 1937 F. C. Withers
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 - 1937 to Jan. 5 - 1937
 I last saw her alive on Jan. 4 - 1937 Death is said to have occurred on the date stated above, at 12:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Stroke of Paralysis
 Date of onset _____

Other contributory causes of importance: _____

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) Dr. A. A. Maples, M. D.
 (Address) Clewer, Mo.

