

MAY 27 1937

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

Do not use this space.

1. PLACE OF DEATH  
County Lawrence Registration District No. 467 File No. 16799  
Township Aurora Primary Registration District No. 4280 Registered No. 31  
City Aurora (No. 109 West Anderson) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Betty Morris  
(a) Residence, No. 109 W. Anderson St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mack Morris</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 10-1876</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>33</u>	<u>60</u>	<u>7</u>	<u>29</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Stone County Missouri.</u>				
FATHER	13. NAME <u>J. B. Forrester</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri.</u>			
MOTHER	15. MAIDEN NAME <u>Nancy Dunn</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri.</u>			
17. INFORMANT <u>Mack Morris</u> (ADDRESS) <u>Aurora Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Aurora Mo.</u> DATE <u>Apr. 11 1937</u>				
19. UNDERTAKER <u>King Funeral Home</u> (ADDRESS) <u>Aurora Mo.</u>				
20. FILED <u>Apr. 10 1937</u> <u>R. D. Cowan, Jr.</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1937

22. I HEREBY CERTIFY, That I attended deceased from April 8 1937 to April 9 1937  
I last saw h. et. alive on April 9 1937. Death is said to have occurred on the date stated above, at 11.30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset \_\_\_\_\_  
None  
Other contributory causes of importance None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No.

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? No.  
If so, specify \_\_\_\_\_  
(Signed) R. H. Lawrence Kealey, M. D.  
(Address) 16 E. Laurel St. Aurora Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE

