JUL 26 1937

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

Do not use this space.

File No. 23243
Registered No. 728

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, (No. 302 S. 22nd, St. Ward)
Registration District No. 85
Primary Registration District No. 1001

2. FULL NAME Lula C. Morton,
(a) Residence, No. 302 S. 22nd, 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/13/1876.

7. AGE: Years 60 Months 11 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
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) Stanberry, Mo.

FATHER
13. NAME Christerfer Hardy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Linnie Walker
(ADDRESS) 302 S. 22nd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE 6/28/'37.

19. UNDERTAKER Graves Funeral Home
(ADDRESS) 806 S 17th

20. FILED June 28, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25/'37. 19

22. I HEREBY CERTIFY, That I attended deceased from 25 June, 1937, to 25 June, 1937
I last saw her alive on 25 June, 1937. Death is said to have occurred on the date stated above, at 1:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	25 June 37

Other contributory causes of importance: Senility

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) E. K. STRAWN, M. D.
(Address) 1908 Messanie St.
ST. JOSEPH, 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.