

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

Do not use this space.

JUL 30 1937

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Marion Primary Registration District No. 3029
City Hannibal (No. Learning Hospital)

File No. 24258
Registered No. 182 (182)
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Mary Virginia Morrison St. _____ Ward _____
(Usual place of abode) Racey Ill

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucius M Morrison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 20 1857</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>10</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. _____ min.

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

22. I HEREBY CERTIFY That I attended deceased from April 1, 1937, to June 21, 1937
I last saw her alive on June 21, 1937 Death is said to have occurred on the date stated above, at 3:00 P.M.
The principal cause of death and related causes of importance were as follows:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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 _____

Structure of right hip Date of onset 6-21-37

Other contributory causes of importance:
Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) New Orleans
(STATE OR COUNTRY) Louisiana

MOTHER

13. NAME James M. Cardle

14. BIRTHPLACE (CITY OR TOWN) Uniontown
(STATE OR COUNTRY) _____

15. MAIDEN NAME Nancy Davis

16. BIRTHPLACE (CITY OR TOWN) Pennsylvania
(STATE OR COUNTRY) _____

17. INFORMANT Miss Jessie Morrison
(ADDRESS) 962 Broadway Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Racey Ill DATE June 23, 1937

19. UNDERTAKER Wm M Smith
(ADDRESS) 102 Broadway Hannibal Mo

20. FILED June 22, 1937 H. C. Fisher
Registrar

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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 1

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. B. Hiltner, M. D.
(Address) 200 Broadway

Hannibal, 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.

186a

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Marion Registration District No. 347
 Township _____ Primary Registration District No. 3029
 City Hannibal (No. _____) St. _____ Ward _____

File No. 34288

Registered No. _____

2. FULL NAME Mary Virginia 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wed

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

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

22. I HEREBY CERTIFY That I attended deceased from _____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

to have occurred on the date stated above, at _____ m.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>10</u>	<u>1</u>	

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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 _____

Fracture of rt hip Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance: _____

13. NAME

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 7-1-37

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

Where did injury occur? Home, Adams County (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place. in home

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury Slipped & fell on floor in home

PLACE _____ DATE _____ 19____

Nature of injury Fracture of hip

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED _____ 19____ C. M. Luce Registrar

If so, specify _____

(Signed) J. C. Chilton, M. D.

(Address) 290 Broadway Hannibal Mo

SUPPLEMENTARY

1860

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. MISSOURI STATE BOARD OF HEALTH IS VERY IMPORTANT.

24258