

AUG 20 1937

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

Do not use this space.

26914

1. PLACE OF DEATH

County Carroll Registration District No. 131
Township Stations Primary Registration District No. 5199
City Carroll (No. _____) St. _____ Ward _____

File No. _____
Registered No. 3

2. FULL NAME

Mary Allis Morris
(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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

W.M. Morris

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

87022

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)

House Keeper

11. Total time (years) spent in this occupation

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

Mo.

13. NAME

Henry Limbook

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

Virginia

15. MAIDEN NAME

Wolenton

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

Virginia

17. INFORMANT (ADDRESS)

Marshal Standley

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Coloma

DATE

7/14/37

19. UNDERTAKER (ADDRESS)

E.A. DawsonBoards, Mo.

20. FILED

July 14, 1937 Mrs. Sallie Perry

Registrar

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

July 13, 1937

22. I HEREBY CERTIFY That I attended deceased from

June 12, 1937, to July 13, 1937I last saw her alive on July 10th, 1937 Death is saidto have occurred on the date stated above, at 2:20 p.m.

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

Broncho-pneumonia Date of onset June 12th, 1937
1070

Other contributory causes of importance:

Lung AbscessName of operation None Date of _____What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes

If so, specify _____

(Signed) William G. Atwood, M. D.(Address) Carrollton, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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