

SEP 20 1937

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

Do not use this space.

31120

1. PLACE OF DEATH

County Linn
Township Brookfield
City Brookfield (No. _____)

Registration District No. 496
Primary Registration District No. 5660

File No. _____
Registered No. 61
St. _____ Ward _____

2. FULL NAME

Bertha Christina Morris
(a) Residence, No. New Cambria, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 60 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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS-OF (OR) WIFE OF <u>Henry J Morris</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 22 - 1874</u>				
7. AGE	YEARS <u>63</u>	MONTHS <u>5</u>	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6-193722. I HEREBY CERTIFY, That I attended deceased from 8-6-1937, to 8-6-1937

I last saw h. a. x. alive on August 6, 1937... Death is said to have occurred on the date stated above, at 8:02 a.m.

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

Prony thrombus (Dent 30 min)
Date of onset 8/6/37

Other contributory causes of importance: 131
Arteriosclerosis, Hypertension, Mrs. dent. high

Name of operation _____ Date of _____

What test confirmed diagnosis CPH Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 19____
Where did injury occur? 0 (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? h. 0

If so, specify _____

(Signed) J. J. McLaughlin, M. D.(Address) Brookfield, Mo.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	11. Total time (years) spent in this occupation <u>life</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>7-6-1937</u>	

12. BIRTHPLACE (CITY OR TOWN); (STATE OR COUNTRY) Chicago Ill.13. NAME Chas. Lampe14. BIRTHPLACE (CITY OR TOWN); (STATE OR COUNTRY) Germany15. MAIDEN NAME Mary C. Baker16. BIRTHPLACE (CITY OR TOWN); (STATE OR COUNTRY) Germany17. INFORMANT Mrs. H. J. Hilleland

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Cambria DATE 8-7-193719. UNDERTAKER J. E. Hilleland20. FILED Apr 9 1937 J. J. McLaughlin Registrar.

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

