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.

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

Do not use this space.

1. PLACE OF DEATH
County: Howell
Township: Howell
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 384
Primary Registration District No. 5538

File No. 2942
Registered No. .....

2. FULL NAME: THERESA CHAPIN MORRISON 1.25
(a) Residence, No. West Plains, Mo. R.R. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 51 yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 8, 1886

7. AGE: YEARS 51 | MONTHS 4 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Howell County, Missouri

FATHER
13. NAME: J. O. Chapin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howell County, Missouri

MOTHER
15. MAIDEN NAME: Martha Gibbs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent County, Missouri

17. INFORMANT (ADDRESS): Charles Morrison, West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Howell Valley Cem
PLACE: West Plains, Mo. DATE: Jan. 21, 38

19. UNDERTAKER (ADDRESS): Hal Thornburgh, West Plains, Mo.

20. FILED 1-21, 1938 Vida N. Simons, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1937, to Jan. 19 21, 1938
I last saw her alive on Jan. 17, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	

Other contributory causes of importance: gradually failing right ventricle with anasarca

Name of operation: None Date of: —
What test confirmed diagnosis? Symptoms 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. A. Sparks, M. D.
(Address) West Plains, Mo.

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MO. STATE BOARD OF HEALTH