REC'D APR 14 1938

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

Do not use this space. 10201

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 340
(c) City St. Joseph, — (d) Street No. 2102 South 14 Street St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 56 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 56 yrs. mos. ds.

2. PRINT FULL NAME Emma Morin 650
(a) Residence, No. 2102 South 14 Street St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas J Morin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 7. 1854.
7. AGE: YEARS 83 — MONTHS 6 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as saw mill, bank, etc.: Own Home
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): St. Linn, Co Lassumption Quebec Canada

FATHER
13. NAME: Unknown Fournier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quebec Canada

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

17. INFORMANT (ADDRESS): Eugene Morin 2102 South 14 Street
18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemt
PLACE St. Joseph, Mo. DATE March. 24, 38
19. FUNERAL DIRECTOR (ADDRESS): H. O. Sidenfaden & Son 1802 Union Str St. Joseph, Mo.
20. FILED 3/22 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March. 22. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1938, to March 22, 1938
I last saw her alive on March 21, 1938. Death is said to have occurred on the date stated above, at 9. a m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 3/2/38

93C

Other contributory causes of importance:
Chronic Myocarditis
Arteriosclerosis Venereal

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) A. E. Bingham, M. D.
(Address) 211 Kirkpatrick Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Albert R. Harrington, Licensed Embalmer No. 3258

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my-self.

— L. E. —

No. — or by, Registered Apprentice No. —

working under my personal supervision.

Signed Albert R. Harrington

Licensed Embalmer No. 3258

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)