

REC'D FEB 10 1939

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

294

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No..... **791**  
 (b) Township..... Primary Registration District No..... **1003**  
 (c) City St. Louis (d) Street No. St. John's Hosp. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **294**2. PRINT FULL NAME BETTY-JANE MORRIS

(a) Residence, No. St. **NR** Vandalia, Missouri  
 (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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
7 5 27

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

9. Industry or business in which work was done, as 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) New Hartford, Mo.

13. NAME Garnett Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hartford, Mo.

15. MAIDEN NAME Soldie Vanarsdale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hartford, Mo.

17. INFORMANT (ADDRESS) Garnett H. Morris  
Vandalia, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Vandalia, Mo. DATE Jan 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Waters  
Vandalia, Mo.

20. FILED JAN 9 1939 J. B. Brubaker  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1938, to 12-30, 1938

I last saw her alive on 12-29, 1938. Death is said to have occurred on the date stated above, at 6:20 a. m.

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

Lobar Pneumonia both upper lobes. (Type of organism indeterminate)

Date of onset  
12-21-  
38

Other contributory causes of importance:

Obtuse Rheum Gaver  
@ Mitral Stenosis

Name of operation None Date of

What test confirmed diagnosis? X-ray 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) John J. Hammond, M. D.

(Address) 634 N. Grand Blvd.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

*Embalmer's Certification  
blank signed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**