

REC'D MAR 20 1939

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

6874

Do not use this space.

1. PLACE OF DEATH

(a) County JASPER Registration District No. 411
(b) Township SALEM Primary Registration District No. 2002 Registered No. _____
(c) City JOPLIN (d) Street No. 1921 PERKINS 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.

2. PRINT FULL NAME

674 Myra Annehine MORRIS
(a) Residence, No. 1921 PERKINS St. (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 James W. Morris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 26, 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 6 0
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House WIFE
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) Salem (STATE OR COUNTRY) MO

13. NAME W. M. Trout

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

15. MAIDEN NAME EMMA PRICE

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

17. INFORMANT MRS. SCOTT YEAKY (ADDRESS) 1921 PERKINS, Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL Fairview DATE 3-2-39

19. FUNERAL DIRECTOR (NAME) HURBUT AND CO (ADDRESS) 212 Joplin St. Joplin Mo

20. FILED 2-1 1939 Ed D. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1939, to July 26, 1939

I last saw her alive on July 26, 1939. Death is said

to have occurred on the date stated above, at 3:30 P.M.

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

Pulmonary tuberculosis of Unknown

Other contributory causes of importance: 72

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) W. H. Cleveland, M. D.

(Address) Joplin Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-39-648

Date Filed MAR 11 1939

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.

Signed

Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Joseph 922

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.