

1938 JUL 14 1938

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

Do not use this space.

22801

1. PLACE OF DEATH

County Warren Registration District No. 614  
Township Granby Primary Registration District No. 4555  
City Granby (No. 1118) St. Granby Ward 14

2. FULL NAME

(a) Residence, No. 1118 St. Granby Ward 14  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 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 E. L. Morphew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 0 16

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework  
10. Date deceased last worked at this occupation (month and year) 1938  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER FATHER  
13. NAME Louis Stieble

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

15. MAIDEN NAME Annie Heinsig

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

17. INFORMANT E. L. Morphew

18. BURIAL, CREMATION, OR REMOVAL PLACE Granby Cemetery DATE May 3, 1938

19. UNDERTAKER James Wetmore

20. FILED 1938 Registrar Granby, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1st 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1935, to July 2, 1938

I last saw h. or alive on July 2, 1938. Death is said

to have occurred on the date stated above, at 5:15 p.m.

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

Myocardial Degenerative Changes Date of onset 1935

Other contributory causes of importance: None

Name of operation..... Date of.....

What test confirmed diagnosis? None 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 Chas. O. Chester M. D.

(Signed) Granby, Mo.

(Address) Granby, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 739-1451

Date Filed JUL 11 1939

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

22801

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 614  
 (b) Township..... Primary Registration District No. 45-55  
 (c) City Brandin (d) Street No. .... 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. 29

2. PRINT FULL NAME Saphia Morphin

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. L. Morphin  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-15-1865  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 0 16  
 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.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1935  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1935, to July 2, 1938.  
 I last saw her alive on July 2, 1938. Death is said to have occurred on the date stated above, at 5 P. M.  
 The principal cause of death and related causes of importance were as follows:

myocardial Degenerative Changes Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....  
 If so, specify.....  
 (Signed) Charles O. Chester, M. D.  
 (Address) Brandin, Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Louis Stehle

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

MOTHER 15. MAIDEN NAME Marie Reising

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

17. INFORMANT (ADDRESS) C. L. Morphin  
Brandin, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brandin Cem DATE Mar 3, 1935

19. FUNERAL DIRECTOR (ADDRESS) James Minton  
Brandin, Mo

20. FILED July 1, 1939 Re Reeling  
Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

