FILED FEB 8 1940

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

1642
Do not use this space.

1. PLACE OF DEATH
(a) County: Boone
(b) Township or (c) City: Columbia
Registration District No.: 73
Primary Registration District No.: 3006
Registered No.: 6
(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.

2. PRINT FULL NAME: ELIZABETH BEDFORD MORRIS
(a) Residence, No. 101 James Apts 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: BRINKLEY MORRIS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: Years: OVER 85 YEARS; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: AT HOME
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): Boone County Missouri

FATHER
13. NAME: STEPHEN BEDFORD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Missouri

MOTHER
15. MAIDEN NAME: KATHRYN KIMBROUGH
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): ESTES BEDFORD Columbia Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Columbia Cem DATE: 1-17 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): PARKER'S Columbia Mo
20. FILED 1/17/1940 Allie Selby Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-15- 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1937, to Jan. 15- 1940
I last saw h. alive on Jan. 15- 1940. Death is said to have occurred on the date stated above, at 2:00 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Probably Bronchopneumonia | 1-5-40 |
| 1 Day | |
| Other contributory causes of importance: Spastic Paralysis Agitans | 1937 |

Name of operation: None 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? No Date of injury: , 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: None
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) W. A. Dysart, M. D.
(Address) Columbia Mo.

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.

(Licensed Embalmer's Statement on Reverse Side)

## 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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Tom McHary Jr.

Licensed Embalmer No. 4067

P. O. Address Columbia, M

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

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