

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

FILED FEB 3 1943

1. PLACE OF DEATH
 104 County Stone Registration District No. 347 104
 8 Township Lincoln Primary Registration District No. 6168 8
 0 City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME Londa Fay Morris
 (a) Residence, No. Galena, Mo. R#1 Lincoln Twp. Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 8 9

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. _____

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) Texas County Mo.

13. NAME WILLIAM T. B. MORRIS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp Mo.

15. MAIDEN NAME LENA MAE CUNNINGHAM

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co. Mo.

17. INFORMANT Dr. Wm. T. B. Morris (ADDRESS) Galena Mo. R#1.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Well DATE May 24, 1943

19. UNDERTAKER George Maulsby (ADDRESS) Frank 5200

20. FILED 1-11- 1943 Nellie Bromley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 1943

22. HEREBY CERTIFY that I attended deceased from January 2, 1943 to January 9, 1943

I last saw him alive on January 9, 1943 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:
Pneumonia Heart Disease Date of onset 12-27-42

Other contributory causes of importance: 95a

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) A. J. Coyle _____, M. D.
 (Address) Stone Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 6,

District File Number 243-141

Date Filed FEB 2 1943

U.S. GOVERNMENT PRINTING OFFICE: 1942