

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

Do not use this space.

41974

FILED JAN 13 1944

1. PLACE OF DEATH
 County Clark Registration District No. 70
 Township Norman Primary Registration District No. 5284
 City Alexandria (No.) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME Sarah Ellen Morris
 (a) Residence, No. St.
 (Usual place of abode)
 Length of residence in city or town where death occurred 30 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 30 - 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>81</u>	<u>8</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Lee County Iowa

MOTHER FATHER

13. NAME Pleasant Timberlake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

15. MAIDEN NAME Anna Chalpin

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

17. INFORMANT Chester Morris
 (ADDRESS) Alexandria, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Keokuk Iowa DATE 12/17 1943

19. UNDERTAKER Frank C. Pearson
 (ADDRESS) Keokuk Iowa

20. FILED Dec 16 1943 Plym. Porter
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1943 to Dec 13 1943
 I last saw h. alive on Dec 13 1943 Death is said to have occurred on the date stated above, at 3:40 a.m.
 The principal cause of death and related causes of importance were as follows:
Severe Debility
 Date of onset

Other contributory causes of importance:
16 2 1/2

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) F. A. S. Roberts M. D.
 (Address) Alexandria 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.

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

RECEIVED

District Health Officer No. 10

District File No. 1-44-200

Date Filed JAN 12 1944