

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.

NOV 10 1933

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

Do not use this space.

35400

1. PLACE OF DEATH

County SullivanRegistration District No. 849Township MorrisPrimary Registration District No. 6125

City..... (No.)

File No.

Registered No. 9

St. Ward)

2. FULL NAME Elsie M. Morris

(a) Residence, No. St. Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ralph Morris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-23-1887</u>		
7. AGE <u>45</u>	YEARS <u>10</u>	MONTHS <u>8</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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.....		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Geo. Straley</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Rosa Bunch</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	17. INFORMANT <u>Ralph Morris</u>
	(ADDRESS) <u>Morris, Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL
PLACEMENT	PLACE <u>Baberton</u> DATE <u>11-1-</u> 19 <u>33</u>
	19. UNDERTAKER <u>Glenn E. Kent</u>
	(ADDRESS) <u>Green City, Mo.</u>
20. FILED <u>Nov. 1</u> 19 <u>33</u> <u>Miss Watson</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-21 1933 to 10-31 1933

I last saw her alive on 10-30 1933 Death is said to have occurred on the date stated above, at 6 P. m.

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

ApoplexyDate of onset
10-21-33

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 Ross H. Shepler, M. D.
(Signed) Green City, Mo.
(Address) RAZ

