

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

Do not use this space.

17232

1. PLACE OF DEATH

94 County St. Francois Registration District No. 773
5 Township _____ Primary Registration District No. 4464
4 City Farmington (No. 155) (If outside) _____ St. _____ Ward _____

File No. _____
Registered No. 55
St. _____ Ward _____

2. FULL NAME

Rebecca Ann Morris
(a) Residence, No. Farmington 11th St. Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29-1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>81</u>	<u>4</u>	<u>22</u>	

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

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) St. Francois Co. Mo.

MOTHER FATHER 13. NAME Noah Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co. Mo.

MOTHER 15. MAIDEN NAME Caroline Wellborn

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

17. INFORMANT C. E. Woods (ADDRESS) Farmington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Cemetery DATE May 29, 1932

19. UNDERTAKER Hendert Wood (ADDRESS) Farmington Mo.

20. FILED May 23, 1932 F. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1932, to May 28, 1932

I last saw her alive on May 22, 1932. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Broncho Pneumonia
in left lung
118
1076
99

Date of onset

May 24 32

Other contributory causes of importance:
Influenza
General Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis: Chemical 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 _____, 1932

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) R. Appberry, M. D.
(Address) Farmington 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.

