NOV 21 1928

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

Do not use this space.

33282

1. PLACE OF DEATH

County: Greene — Registration District No. 318 — File No.

Township: Campbell — Primary Registration District No. 2001 — Registered No. 711

City: Springfield (No. ..... St. ..... Ward)

2. FULL NAME Lizzie Morton

(a) Residence. No. 951 George 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: Colord
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1863

7. AGE: YEARS 65 | MONTHS Unknown | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

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MD

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fayetteville Ark

PARENTS

10. NAME OF FATHER: Isaac Newton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Arkansas
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Willie Jarrott (Address) SPRINGFIELD, MO.

15. FILED 10-10 1928 O C Horst Mr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928, to Oct 8, 1928, that I last saw her alive on Oct 2, 1928, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteria Sclerosis Hypertension
Chronic Myocarditis
Dont Know Several Months (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Order of Lungs feet & legs (duration) About ..... yrs. ..... mos. 25 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C B Elkins, M. D
, 19 (Address) 318 College

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lincoln Mem. Cem — DATE OF BURIAL: 10/10 1928

20. UNDERTAKER: W. P. Campbell — ADDRESS: 867 Wash Ave

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

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