

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

Do not use this space.

17168

**1. PLACE OF DEATH**

County St. Genevieve Registration District No. 780  
 Township \_\_\_\_\_ Primary Registration District No. 4466  
 City St. Genevieve (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

File No. \_\_\_\_\_  
 Registered No. 31

**2. FULL NAME**

Mary Thessa Morice

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 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) Oct 15 1849

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>80</u>	<u>6</u>	<u>27</u>	

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

9. BIRTHPLACE (CITY OR TOWN) St. Genevieve  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Elis Morice

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Genevieve  
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Lanord La Rose

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Genevieve  
 (STATE OR COUNTRY) Missouri

14. INFORMANT Inga Odile Becker  
 (Address) St. Genevieve Mo

15. FILED May 5 1930 T.W. Douglas  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1930

17. I HEREBY CERTIFY, That I attended deceased from May 7 1930 to May 12 1930 that I last saw her alive on May 12 1930 and that death occurred, on the date stated above, at 9:20 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Anterischemic (Sensal.)  
93C  
97  
 (duration) ? yrs. mos. ds.  
 CONTRIBUTORY Chronic myocarditis  
 (SECONDARY) (duration) ? yrs. mos. 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 Clinical  
 (Signed) Rb. Launing M. D.  
5/3 1930 (Address) St. Genevieve Mo

\*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 St. Genevieve Mo DATE OF BURIAL 5/14 1930

20. UNDERTAKER John Becker St. Genevieve Mo ADDRESS

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.

JUN 27 1930

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