

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

Do not use this space.

1. PLACE OF DEATH

105 County Sullivan
Township 3
City Harris (No. 1)

Registration District No. 853
Primary Registration District No. 4516

File No. 25388
Registered No. 70
St. _____ Ward _____

2. FULL NAME Rebecca E. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1933

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

I HEREBY CERTIFY, That I attended deceased from April 27 1931 to Oct 27 1932 that I last saw her alive on June 14 1932, and that death occurred, on the date stated above, at 2:30 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1 1855

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If less than day, hr. or min.
78 16

Arteriosclerosis
93 (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) Chronic Tubercular Pericarditis
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) W. Mahan
(STATE OR COUNTRY) Ill.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Harris A. Brown

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.

18 WAS THERE AN AUTOPSY? _____

12. MAIDEN NAME OF MOTHER Not Known

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Ernest W. Simpson M.D.
, 19 (Address) W. Milan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____

*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.

14. INFORMANT W. H. Harcas Harris, Mo.
(Address) _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Harris DATE OF BURIAL 7-18 1933

15. FILED 7-17-1933 W. W. Widner REGISTRAR

20. UNDERTAKER H. J. Martin ADDRESS Harris

AUG - 6 1933

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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