

APR 16 1936

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

Do not use this space.

9879

1. PLACE OF DEATH

County Cole Registration District No. 214
Township Russellville Primary Registration District No. 4130
City Russellville, (No. _____) St. _____ Ward _____

File No. _____

Registered No. 52. FULL NAME Tobitha Angeline Morrow

(a) Residence, No. Russellville 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7th, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
80 3 26

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

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) Russellville
(STATE OR COUNTRY) Missouri

13. NAME William Leslie

14. BIRTHPLACE (CITY OR TOWN) No Record
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Barnhart

16. BIRTHPLACE (CITY OR TOWN) No Record
(STATE OR COUNTRY)

17. INFORMANT J. F. Morrow
(ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Enloe Cem. DATE Mar. 5th, 1936

19. UNDERTAKER G. N. Steffens
(ADDRESS) Russellville, Mo.

20. FILED Mar 4 1936 Mrs. Mabel Barber Registrar
(Address) Russellville, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 3rd, 1936 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1936, 1936, to Mar. 3, 1936, 1936.

I last saw her alive on Mar. 3, 1936, 1936. Death is said to have occurred on the date stated above, at 11-55 A.M.

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

Chronic Myocarditis

Date of onset _____
Indefinite

Other contributory causes of importance: None

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 _____, 1936

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 Walter L. Leslie M. D.

(Signed) _____ (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.

