OCT 18 193

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

Do not use this space.

1. PLACE OF DEATH

County: Callaway — Registration District No.: 104 — File No.: 33833

Township: — Primary Registration District No.: 3008 — Registered No.: 225

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

2. FULL NAME: Vesta Morris

(a) Residence, No. (Usual place of abode): Keytesville, Missouri St. ..... Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

14 2 7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 19, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	11	4	

2 35

OCCUPATION

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

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 COUNTY): Chariton County

FATHER

13. NAME: Jesse Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Chariton County

MOTHER

15. MAIDEN NAME: Lula Curran

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Arkansas

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Keytesville Mo. DATE: Sept 25, 1937

19. UNDERTAKER (ADDRESS): Jas McLaughlin Marceline, Mo.

20. FILED: Sept 23, 1937 R. N. Crews, Registrar.

1 1 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1937, to Sept. 23, 1937

I last saw him alive on Sept. 22, 1937. Death is said to have occurred on the date stated above, at 7:55 A. M.

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

	Date of onset
Exophthalmic goiter	D. K.

66

Other contributory causes of importance:

Acute myocarditis	D. K.
Paralysis agitans	D. K.

Name of operation: Thyroidectomy Date of: 9/22/37

What test confirmed diagnosis? B. M. R. 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, 19

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) T. S. Lapp, M. D.

(Address) Fulton, Mo.

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.