JAN 15 193

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

Do not use this space.

1. PLACE OF DEATH
County Atchison — Registration District No. 20 — File No. 44547
Township — Primary Registration District No. 4014 — Registered No.
City Tarkio (No. , St. Ward)

2. FULL NAME Alma Lillian Morton

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 32 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1-1870

7. AGE YEARS 66 MONTHS 4 DAYS 7 If LESS than 1 day, hrs. or min.

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 COUNTRY) Blanchard Ia

FATHER
13. NAME W. O. McLeod
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

MOTHER
15. MAIDEN NAME Cordelia Iker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) L. B. Morton Tarkio Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tarkio Home Cemetery Jan 10 1937

19. UNDERTAKER (ADDRESS) J. M. Davis Tarkio Mo.

20. FILED Jan 9 1937 Cun Waugh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1937

22. I HEREBY CERTIFY, That I attended deceased, from Jan 5, 1937, to Jan 8, 1937
I last saw her alive on Jan 8, 1937. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Broncho-Pneumonia	
35	
59	
Other contributory causes of importance: Diabetes Mellitus	1931

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Symptoms 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) C. D. Haskell, M. D.
(Address) Tarkio 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.