CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

REC'D MAR 20 1938

2

1. PLACE OF DEATH

County Knox — Registration District No. 441 — File No. 7181

52 Township Benton — Primary Registration District No. 5600 — Registered No. 2

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Cynthia Ann Morrison 62.5

(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

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: George Morrison

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

7. AGE: YEARS 82 — MONTHS 2 — DAYS 28 — 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): Knox Co Mo

FATHER

13. NAME: George Burkhart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Sarah Kennedy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): T. P. Burkhart, Rutledge Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Millport DATE 1/31 1938

19. UNDERTAKER (ADDRESS): Bailey Undertaking Co, Rutledge Mo

20. FILED Feb 3 1938 Mrs C. A. Smith, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1937, to Jan 10, 1938.
I last saw her alive on Aug 14, 1937. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

Disease Mitral Valve — Date of onset

92 a

Other contributory causes of importance:

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 ....., 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) J. R. Northcutt, M. D.
395 (Address) Knox City Mo