

FEB 9 1939

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

3144  
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 574  
(b) Township Burris Fork Primary Registration District No. 3774A  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Flora A. Morris

(a) Residence, No. Enon, Mo., R.R. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11th, 1939 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 12/30, 1937, to 1/11, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20th, 1866

I last saw her alive on 1/11, 1939. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 1 21

to have occurred on the date stated above, at 6 P.M.  
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Maid  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

myocardial degeneration  
Date of onset ?

12. BIRTHPLACE (CITY OR TOWN) Enon (STATE OR COUNTRY) Missouri.

Other contributory causes of importance:  
Optic tumor  
Right Kidney

FATHER 13. NAME John Morris  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical Was there an autopsy? No

MOTHER 15. MAIDEN NAME Sebina Winget  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

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.

17. INFORMANT Mrs. Minnie Mathews (ADDRESS) Enon, Mo.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Olean Cem. DATE Jan. 13th, 1939

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

19. FUNERAL DIRECTOR (NAME) G. N. Steffens (ADDRESS) Russellville, Mo.

(Signed) G. D. Walker, M. D. (Address) Edson Mo.

20. FILED 1-12, 1939 Jewell W. Phillip Local Registrar

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... G.N. Steffens ....., Registered Apprentice No.....  
working under my personal supervision.

Signed G.N. Steffens .....

Licensed Embalmer No. 2307 .....

P. O. Address: Russellville, Mo. .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.