JAN 12 1940

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

42873
Do not use this space.

1. PLACE OF DEATH
(a) County Butler — Registration District No. 89
(b) Township — Primary Registration District No. 3007 — Registered No. 303
(c) City Poplar Bluff, Missouri (d) Street No. Poplar Bluff Hospital 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 620 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Elizabeth Morris
(a) Residence, No. 519 Park Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Thomas J. Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 1862

7. AGE: Years 77 — Months 6 — Days 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Rooming house
9. Industry or business in which work was done, as saw mill, bank, etc. proprietor
10. Date deceased last worked at this occupation (month and year) Dec. 1939
11. Total time (years) spent in this occupation 38 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Marion, Illinois

FATHER
13. NAME Elekial Clarida
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Tenessee

MOTHER
15. MAIDEN NAME Louisa Bell Simms
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Tennessee

17. INFORMANT Mrs. C.C.Richardson
(ADDRESS) 519 Park Ave. Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL Catholic
PLACE Poplar Bluff, Mo. DATE Dec.17, 1939

19. FUNERAL DIRECTOR (NAME) Frank Und. Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 12/17, 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-11, 1939 to 12-15, 1939
I last saw he alive on 12-15, 1939. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation none — Date of
What test confirmed diagnosis? clinical — Was there an autopsy? no

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) [signature], M. D.
(Address) Poplar Bluff Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 B.J.Brentlinger

Registered Apprentice No....., working under my personal supervision.

Signed Scott A. Cotrell
Scott A. Cotrell Director.

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, Missouri

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

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