MAY 25 1927

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

Do not use this space.

10999

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 360

City St. Joseph, (No. 524 South IO street. St. Ward)

2. FULL NAME Frank Benjamin Morris.

(a) Residence. No. 524 South IO Street St., Ward. (Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Helen Jane Morris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June.5.I876.

7. AGE: Years 50 — Months 10 — Days 4 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Soft Drink

(b) General nature of industry, business, or establishment in which employed (or employer): Propriator

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bridgeport, (STATE OR COUNTRY) Indiana.

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

14. INFORMANT Helen J Morris. (Address) 524 South IO Street.

15. FILED Apr 12 1927 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April.9. 1927.

17. I HEREBY CERTIFY, That I attended deceased from April 5, 1927, to April 9, 1927 that I last saw her alive on April 9, 1927, and that death occurred, on the date stated above, at IO. P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of the Liver

1243

1 B (duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Internal Hemorrhage

(duration) yrs. mos. one ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

122B

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical evidences

(Signed) Dr. Emery M. Frommer, M.D

Apr. 12 1927 (Address) King Hill Bldg. St Joseph.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Olivet Cemetery — DATE OF BURIAL: April.I3 1927

20. UNDERTAKER: H. O. Sidenfaden — ADDRESS: I802 Union Str.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.