

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

Do not use this space.

18189

1. PLACE OF DEATH

County Jackson
Towship Raw
City Kansas City (No. Research Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2285
St. 3 Ward)

2. FULL NAME

Mrs Jessie Morrison Cuddy
(a) Residence. No. 3828 Walnut St., 7th Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 17 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
63 | 5 | 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER James Morrison

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

12. MAIDEN NAME OF MOTHER Marion Stewart

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

14. INFORMANT Mrs L M Dunn
(Address) 3828 Marquette

15. FILED 43 27 M. M. Brown
19. _____ REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 19 27

17. I HEREBY CERTIFY, That I attended deceased from May 30 1927 to June 2 1927 that I last saw him alive on June 2 1927, and that death occurred, on the date stated above, at 1:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Cerebral hemorrhage

87A 7401
47 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Artero-sclerosis
probably (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. G. Anderson, M. D.
6/3, 1927 (Address) 714 Chambers Bldg

*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 Bethany, Mo DATE OF BURIAL 6/4 1927

20. UNDERTAKER The Freeman Mortuary ADDRESS 3146 Main.

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.

~~45-1111-1000~~

Nov 21 1964

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