

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

Do not use this space.

19370

1. PLACE OF DEATH
 County St. Louis Registration District No. 798
 Township _____ Primary Registration District No. 1479
 City Webster Groves (No. 20 East 7th Ave) St. _____ Ward _____
 File No. _____
 Registered No. 46

2. FULL NAME George S. Morrison
 (a) Residence No. 20 East 7th Ave 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE Negro
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Morrison
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1, 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 0 5
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Painter
 (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) Ark.

PARENTS

10. NAME OF FATHER Geo Morrison
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ill
 12. MAIDEN NAME OF MOTHER Nancy Bird
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ark.

14. INFORMANT Maggie Morrison
 (Address) 20 East 7th Ave.

15. FILED 6-8, 1927 Arthur W. Westrup REGISTRAR
per Edie Henson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1927
 17. I HEREBY CERTIFY That I attended deceased from May 4, 1927, to June 6, 1927 that I last saw him alive on June 5, 1927, and that death occurred, on the date stated above, at 6:55 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial degeneration
92A
90 W
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED Not known
 IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) Dr. B. B. ...

*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 Farther Dickson DATE OF BURIAL June 9th 1927
 20. UNDERTAKER A. R. Beal ADDRESS 2726 Lucas

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.

JUL 29 1927

