

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

Do not use this space.

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.

**MAR 17 1928**

**1. PLACE OF DEATH**

County Clay Registration District No. 198 File No. 4362  
 Township Washington Power Primary Registration District No. B.011 Registered No. 21  
 City Excelsior Spgs (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

David E Morris  
 (a) Residence. No. 516 Caldwell St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 12 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 Jimmie A. Morris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 28 - 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>10</u>	<u>23</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Salesman  
 (b) General nature of industry, business, or establishment in which employed (or employer) The Watkins Products  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Nilsburrow  
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Isaac  
Lucie Morris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Va.

14. INFORMANT Mrs Jimmie Morris  
 (Address) Excelsior Spgs

15. FILED 2/21/28 yrs. W. Weaver REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/21 1928  
 17. I HEREBY CERTIFY That I attended deceased from Jan 16th 1928, to Feb 21 1928 that I last saw him alive on Feb 20 1928, and that death occurred, on the date stated above, at 10 a. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Chronic Interstitial nephritis

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? Labortary  
 (Signed) H. J. Clark M. D.  
 (Address) Excelsior Mo.

\*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 Crown Hill Cemetery DATE OF BURIAL 2-22 1928  
 20. UNDERTAKER John C. Prather ADDRESS Excelsior

