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

Do not use this space.

10565

1. PLACE OF DEATH
County St Louis
Township Central
City University City (No. 7000 Amherst St. Ward)
Registration District No. 1160
Primary Registration District No. 4470
File No. 24
Registered No.

2. FULL NAME Fannie L. Morris
(a) Residence. No. 7000 Amherst St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: widow of Edward F. Morris.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 22, 1861

7. AGE: 66 YEARS, 5 MONTHS, 20 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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): Greenville
(STATE OR COUNTRY): Indiana.

PARENTS
10. NAME OF FATHER: Robert R. Kay.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Indiana.
12. MAIDEN NAME OF MOTHER: unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): unknown.

14. INFORMANT: Noble K. Morris.
(Address) 7000 Amherst.

15. FILED 3-2, 1928 Chillian Bruns
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 2nd 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 21st, 1928, to March 2nd, 1928 that I last saw her alive on March 1st, 1928, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Intestines
45 (duration) yrs. 5 mos. 10 ds.

CONTRIBUTORY (SECONDARY): General Debility
46C (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Sept 29th 1927
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Macroscopic findings
(Signed) August G. Wickman, M. D
March 2nd, 1928 (Address) 6194 Delmar Blvd

*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: Paducah Ky
DATE OF BURIAL: Mar-3 1928
20. UNDERTAKER: Theo. W. Beiderwieden
ADDRESS: 1936 St. Louis Ave.

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD

Del. s/ [illegible]