

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

Do not use this space.

13495
1028

1. PLACE OF DEATH

County Jackson Registration District No. 309 File No. 13495
 Township Keaw Primary Registration District No. 1002 Registered No. 1028
 City Kansas City (No. Kansas City General Hosp) St. St. Ward St.

2. FULL NAME

Morris William
 (a) Residence. No. 512 1/2 Main St. Ward. St.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 15 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** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single
 (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21-1890
7. AGE: YEARS 48 MONTHS 4 DAYS 1 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Labourer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Wm Morris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Norway
 (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Norway
 (STATE OR COUNTRY)

14. INFORMANT Record Clerk
 (Address) K.C. Genl Hosp

15. FILED 4-23-28 M.M. Brown REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-22 1928
17. I HEREBY CERTIFY, That I attended deceased from 5-13 1927 to 4-22 1928
 that I last saw him alive on 4-22 1928, and that death occurred, on the date stated above, at 2:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage into stomach
due to rupture of vein
at cardiac end of stomach
1124 P. (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 100B
118C (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?
19. DID AN OPERATION PRECEDE DEATH? No. DATE OF
20. WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Gen Findings
 (Signed) P.E. Williams, M. D.
4-23 1928 (Address) St K.C. Genl Hosp

*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 Leeds **DATE OF BURIAL** 4-23 1928

20. UNDERTAKER O. U. Mart **ADDRESS** 1915 E. 15

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.

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

APPROVED AND FORWARDED:
SPECIAL AGENT IN CHARGE

JY
1952

STATE OF MISSISSIPPI
INVESTIGATION

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. _____
 Township K. City Primary Registration District No. 1002 Registered No. 1828
 City K. City (No. _____) St. _____ Ward _____

2. FULL NAME William Morris
 (a) Residence. No. _____ 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M (Write the word)

5A. IF (MARRIED, WIDOWED, OR DIVORCED) HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. _____

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-22-28

17. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____, that I last saw him _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage into stomach due to rupture of vein at cardiac end of stomach
 (duration) yrs. mos. ds.
 CONTRIBUTORY Biliary Cirrhosis
 (SECONDARY) Chronic (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 122 B1
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH, _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) P. E. Williams, M. D.
6-18-1928 (Address) Subst K. C. Gene Hosp.

*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.

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

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT _____ (Address) _____

15. FILED 4/23-28 M. M. Lawrence REGISTRAR
Wiser

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____ 19____

20. UNDERTAKER _____ ADDRESS _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

INFORMATION SHOULD BE CAREFULLY SUPPLIED IN PLAIN TERMS, SO THAT IT MAY BE PRECISELY STATED EXACTLY. PHYSICIAN'S STATEMENT OF OCCUPATION IS VERY IMPORTANT.

SUPPLEMENTARY

5. 1974