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

Do not use this space.

13513

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: [illegible]

City: Kansas City (No. 510, Huston St. Ward)

2. FULL NAME Mary Krugh Morris

(a) Residence. No. 510 Huston 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph G. Morris

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 20, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	35	5	3	

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): Kansas City (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Charles V. Krugh

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Pittsburgh (STATE OR COUNTRY): Pennsylvania

12. MAIDEN NAME OF MOTHER: Ella Day

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

14. INFORMANT (Address): Joseph G. Morris, 510 Huston

15. FILED 4/24, 1928 M. M. Crowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 23, 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1925, to Apr 23, 1928 that I last saw her alive on Apr 23, 1928, and that death occurred, on the date stated above, at 8:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Rectum - Operated 3 yrs ago Metastasis in abdominal glands and in Rt femur 48.0

(duration) 1 yrs. 50 mos. ds.

CONTRIBUTORY (SECONDARY) 45

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes. DATE OF Oct May 1925

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? phys. signs

(Signed) R. T. Sloan, M. D

4/24, 1928 (Address) Rialto 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~~: Forest Hill Cemetery — DATE OF BURIAL: 4/25 1928

20. UNDERTAKER: Stine & McClure — ADDRESS: 924 Oak

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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