

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

15586

Do not use this space.

45317

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 003
 City St. Louis, Mo. No. Sanitarium St. 3 Ward 1

2. FULL NAME

Annie Morris
 (a) Residence, No. 400 So. Jefferson 13 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 13, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 - 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Fruit & Taylor
 (Address) 5802 Arsenal

15. FILED Mar 13 1923 Max C. Franklin REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/8/28 19

17. I HEREBY CERTIFY, That I attended deceased from 4/23/28, 1928 to 4/8/28, 1928, that I last saw him alive on 4/8/28, 1928, and that death occurred, on the date stated above, at 118 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Total Cancer
10-3
10-10 (duration) yrs. mos. 3 da.
 CONTRIBUTORY Arterio Sclerosis
 (SECONDARY) (duration) yrs. 2 mos. 17 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

21. WHAT TEST CONFIRMED DIAGNOSIS? Clinical
Fruit & Taylor
 (Signed) 4/9/28, 19 (Address) 5802 Arsenal, M. D.

*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 St. Louis DATE OF BURIAL 4/17/28

22. UNDERTAKER W. Richter ADDRESS 3000 Rutger

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.

THIS IS A PERMANENT RECORD

