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

Do not use this space.

15-958-D

File No. 7

Registered No. .....

JUL 30

1. PLACE OF DEATH
County Worth
Township Grant
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 1057
Primary Registration District No. 6214

2. FULL NAME James P 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary Morris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 22 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	75	3	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 825 97
(b) General nature of industry, business, or establishment in which employed (or employer) Farm 1568
(c) Name of employer

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

PARENTS

10. NAME OF FATHER James Morris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kildare
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Elizabeth Murphy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kildare
(STATE OR COUNTRY) Ireland

14. INFORMANT Alma Morris
(Address) Parnell Missouri

15. FILED Feb 2 1928 T. A. Crouch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 28, 1928 to Apr 28 1928
that I last saw him alive on Apr 26 1928, and that death occurred, on the date stated above at 11:40 a.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
General arteriosclerosis
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Senility, arteriosclerosis
(duration) ..... yrs. ..... mos. ..... ds.

WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) John Andrews M. D
(Address) Grant City

*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	DATE OF BURIAL
Dolan Chapel	Apr 30 1928
20. UNDERTAKER Andrews	ADDRESS Grant City

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.