

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

21891

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No. *Alexander Bros*)

File No.....

Registered No.....

6012

St.....

Ward.....

2. FULL NAME

Frank Morris

(a) Residence. No.....

St.....

24 Ward.....*Dorrance Kansas*

(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

Male white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

about 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

10. NAME OF FATHER

Joseph Morris

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14.

INFORMANT

(Address)

*Bro Alexis
Alexis Bros Shop St Louis Mo*

15.

FILED

-1 1928

Mar E Standen

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 3, 1928

17.

I HEREBY CERTIFY, That I attended deceased from *May 25*, 1928, to *June 3*, 1928, that I last saw him alive on *June 3*, 1928, and that death occurred, on the date stated above, at *11:30* p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis

CONTRIBUTORY (SECONDARY)

Manic Depressive Insanity

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

Dorrance Kansas

DID AN OPERATION PRECEDE DEATH?

No

DATE OF —

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

clinical

(Signed).....

H. H. H. H. H.

M. D.

6/4

, 1928 (Address)

325 Frisco Bldg St Louis

*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

*Wilson Kas.**6-3 1928*

20. UNDERTAKER

ADDRESS

Weick Bros 2201 de Grand

