SEP 21 1928 317

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

Do not use this space.

File No. 26444

Registered No. 919

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 100

City: St Joseph (No. ..... St. ..... Ward)

2. FULL NAME: John A. Morris.

(a) Residence. No. State Hospital #2 St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. ~~CHECK~~, MARRIED, ~~WIDOWED or DIVORCED (write the word)~~

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1849

7. AGE: Years 79 | Months Unknown | Days | If LESS than 1 day ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): unknown

PARENTS

10. NAME OF FATHER: unknown

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

12. MAIDEN NAME OF MOTHER: unknown

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

14. INFORMANT: County Clerk
(Address): St Joseph Mo

15. FILED AUG 2 1928 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 1. 1928

17. I HEREBY CERTIFY, That I attended deceased from April. 19. 1928, to Aug. 1. 1928, that I last saw h. alive on Aug. 1. 1928, and that death occurred, on the date stated above, at 4:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Exhaustion.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Senility.

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

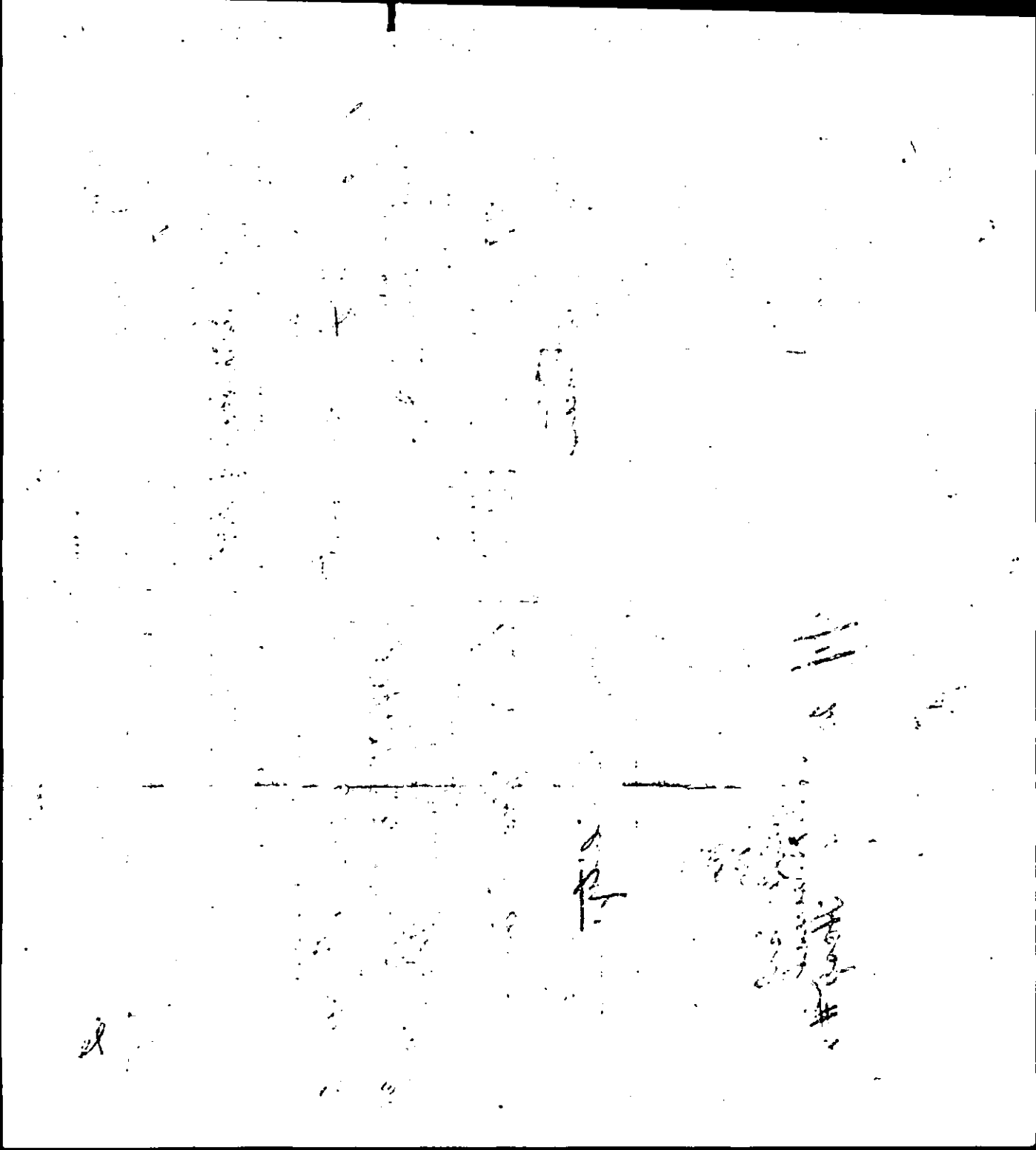
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. R. Bunch, M. D.

8/1, 1928 (Address) State Hosp #2

*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: State Hospital Cemetery — DATE OF BURIAL: Aug 3 1928

20. UNDERTAKER: E. R. Siderfadn — ADDRESS: 602 So 10th St

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.