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

Do not use this space. 37069

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4719

Township [illegible] — Primary Registration District No. [illegible] — Registered No. [illegible]

City Kansas City (No. 709 W 75 St. Ward)

2. FULL NAME John Richard Morris

(a) Residence. No. 709 West 75th St., S Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. 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. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 21, 1861

7. AGE: Years 67 — Months 10 — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Conductor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Rock Island R.R.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

PARENTS

10. NAME OF FATHER: Joe Morris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

14. INFORMANT: Mr Fred Morris
(Address) 2455 Monroe

15. FILED 11/23, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov- 8-1928, 19..., to Nov. 22-1928, 19..., that I last saw him alive on Nov-21-1928, 19..., and that death occurred, on the date stated above, at 2:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

74 a

(duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY): Highblood pressure

(duration) ..... yrs. 4yrs mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. V. Ferrel, M. D.
11/23, 1928 (Address) 500-H-74

*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: Mt. Moriah — DATE OF BURIAL: Nov 24 1928

20. UNDERTAKER: R. V. Lindsey & Sons — ADDRESS: K. C. Mo.

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.

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