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

Do not use this space.
18039
2082

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:
Township: Kansas City — Primary Registration District No.: 1002 — Registered No.:
City: Mo. (No. Mercy Hospital St. Ward)

2. FULL NAME Jessie Morris

(a) Residence. No. 2304 Park Ave. 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)
M.	White	Infant.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 9, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	24	

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

9. BIRTHPLACE (CITY OR TOWN): K.C.
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Jessie Morris
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Alice Baldwin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo

14. INFORMANT: Mr. Louis Hudson
(Address): 2304 Park

15. FILED 5/4, 19 29 — M M Crowe, asst REGISTRAR

2 — MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 3 1929

17. I HEREBY CERTIFY, That I attended deceased from April 25, 1929, to May 3, 1929, that I last saw him alive on May 3, 1929, and that death occurred, on the date stated above, at 8:12 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A Bronchopneumonia
(Primary)
(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Cardiac Failure
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs

(Signed) Wm Brewer, M. D.
5/4, 1929 (Address) Mercy Hospital

*State the DISEASE CAUSING DEATH, or if 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: Lexington Mo — DATE OF BURIAL: May 4 1929

20. UNDERTAKER: Forester's C. L. — 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.