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

Do not use this space.

20719

JUL 23 1929

85

1. PLACE OF DEATH

County Buchanan. Registration District No. 1001 File No.

Township Primary Registration District No. Registered No. 716

City St. Joseph (No. Missouri Meth. Hospital St. Ward)

2. FULL NAME Thomas Jefferson Morris

(a) Residence. No. County Inf. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 21, 1888

7. AGE: Years 40 | Months 9 | Days 14 | If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN): Agency
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Benjamine Morris
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Shelby Co.
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Elizabeth Gilmore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Kansas

14. INFORMANT: Benjamine Morris
(Address): 1220 so. 15th Street

15. FILED 1929, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 5 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to June 5th 1929 that I last saw him alive on June 5th 1929, and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric Ulcer

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY): Epilepsy

(duration) 10 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? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Albert E. Holley, M. D.
6/5, 1929 (Address) St Joseph Mo

*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: Ashland Cemetery
DATE OF BURIAL: June 8 1929

20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1802 Union St.

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

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.