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.

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

Do not use this space.

12953

1. PLACE OF DEATH
County Jackson — Registration District No. 599 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 1884
City K. C. Mo. (No. Trinity Luthern Hospital St. Ward)

2. FULL NAME Oliver L. Morris
(a) Residence. No. 3816 Euclid St., 13 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 —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-24-1872
7. AGE YEARS 57 MONTHS 7 DAYS 6 If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Printer 117A2 129
(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) Missouri
PARENTS
10. NAME OF FATHER Wm H. Morris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Gertrude Springer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
14. INFORMANT Miss Ann Morris (Address) 3816 Euclid, Ave.
15. FILED 5/1, 1930 M. M. Crowe REGISTRAR Asst

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1930
17. I HEREBY CERTIFY, That I attended deceased from Apr 28, 1930, to April 30, 1930, that I last saw him alive on April 29, 1930, and that death occurred, on the date stated above, at 5:27 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock following a perforation of gastric ulcer.
(duration) ....yrs. ....mos. 2 ds.
CONTRIBUTORY (SECONDARY) Peritonitis
(duration) ....yrs. ....mos. 2 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Apr 29-30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. McCalman, M. D.
4/30, 1930 (Address) 3800 Brooklyn

*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 Memorial Park — DATE OF BURIAL May-2 1930
20. UNDERTAKER Mrs. C. L. Forster — ADDRESS K. C. Mo.

I do not know how long he had this when I first never treated him, as to my knowledge it was only 2 days.

3850 Brooklyn No 2676
3901, Michigan 3718