

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

Do not use this space.

18980

1. PLACE OF DEATH  
 County Cole Registration District No. 213  
 Township \_\_\_\_\_ Primary Registration District No. 2014  
 City Jefferson St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Frank John Morris  
 (a) Residence. No. Marshall 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Katherine Morris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 3-1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	57	3	8	

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

9. BIRTHPLACE (CITY OR TOWN) Millerspring Ky.  
 (STATE OR COUNTRY)

10. NAME OF FATHER James M. Morris

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

12. MAIDEN NAME OF MOTHER Manda Van Hoozer

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

14. INFORMANT Mrs. Frank Morris  
 (Address) J. G. No.

15. FILED 7/7, 1930 J. B. Bedford  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11-1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1930 to June 11, 1930  
 that I last saw h. alive on June 11, 1930 and that death occurred, on the date stated above, at 8:12 a.m.

152B THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Septicemia

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.  
 CONTRIBUTORY arterial hypertension  
 (SECONDARY) (duration) \_\_\_\_\_ yrs. 5 mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? yes DATE OF June 4

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Spinal myelogram  
 (Signed) J. G. No., M. D.

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Riverview Cem. J. G. No. DATE OF BURIAL 6-13-1930

20. UNDERTAKER Chas. V. Neiviche ADDRESS J. G. No.

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

**JUL 20 1930**

