

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

Do not use this space.

26916

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Tow

Primary Registration District No. 2002

City Kansas City

(No. Normand Hotel 2803 631)

File No. _____

Registered No. 3520

St. _____ (If nonresident, give city or town and State) Ward)

2. FULL NAME

Dr. Robt. Harold Morris

(a) Residence. No. Elsmere Hotel P. 26, 5730 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)

widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

March 4 = 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
54	5	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) 622 Shukert Bldg. 1115 Grandav.

(c) Name of employer P. H. 3732

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Linneus Mo.

10. NAME OF FATHER

Pace Morris

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Louisville Ky.

12. MAIDEN NAME OF MOTHER

Katherine Nelson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Pa.

14. INFORMANT

Miss Mary Morris

(Address) Chicago Ill

15. FILED

8-26-30 M. M. Essie

REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 24 1930

17. I, HEREBY CERTIFY, That I attended deceased from Aug 24 1930 to Aug 24 1930 that I first saw him alive on Aug 24 1930, and that death occurred, on the date stated above, at 5:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

82A
91 (duration) 6 hrs. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. E. Sheldon, M. D.

(Address) 607 Commerce Bldg

*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

DATE OF BURIAL

Mt. Moriah Cemetery 8-27 1930.

20. UNDERTAKER

ADDRESS

Clyde Funeral Home 1800 Linwood

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.

Dr. J. G. Skelton
604 Commerce Bldg
1000 Montreal.