

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

Do not use this space.

2034

1. PLACE OF DEATH

County Macon
Township Baldwin
City St. Louis

Registration District No. 530
Primary Registration District No. 5707

File No.
Registered No.
St. Ward

2. FULL NAME

Carl D. Morris

(a) Residence No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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 OR (OR) WIFE OF Marcia Morris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 6 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work operated filling station
(b) General nature of industry, business, or establishment in which employed (or employer) 176
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER J. L. Morris

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

12. MAIDEN NAME OF MOTHER Gertrude McConnel

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

14.

INFORMANT J. L. Morris
(Address)

15.

FILED 1-31-31 19 Florence Patout
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to 24 Dec 1931 that I last saw him alive on 28 Dec 1930 and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
T. B. of the Lungs
25A

CONTRIBUTORY (SECONDARY) 25A
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. H. Guoch, M. D.
, 19 (Address) St. Louis, 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 DATE OF BURIAL

Home Jan. 27 1931

20. UNDERTAKER ADDRESS

W. H. McCallum South St. Louis

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.

FILED 20 1931

3

6

Handwritten text, possibly a name or date, oriented vertically.

Handwritten initials or a signature.

Handwritten text, possibly a date or reference number, oriented diagonally.

Handwritten text, possibly a name or address, oriented vertically.

Small handwritten mark or character.