

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

Do not use this space.

10099
1372

1. PLACE OF DEATH

County Jackson Registration District No. 339
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Research Hospital)

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME Ernest Roswell Morse

(a) Residence. No. 4238 Harrison St., 6 Ward. (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 Mrs. Josephine Morse

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb'y 6, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Teacher of Mathematics in Westport High School
(b) General nature of industry, business, or establishment in which employed (or employer) School
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

10. NAME OF FATHER Edward Morse
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Canada
12. MAIDEN NAME OF MOTHER Caroline Wentworth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New England States

14. INFORMANT Mrs. Josephine Morse (Address) 4238 Harrison

15. FILED 3-21-31 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20, 1931

17. I HEREBY CERTIFY that I attended deceased from March 19, 1931 to March 20, 1931. that I last saw him alive on March 19, 1931, and that death occurred, on the date stated above, at 7:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, followed by Empyema (right side)
(duration) yrs. mos. ds. 10 7 0

CONTRIBUTORY (SECONDARY) 110A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 1

2 DID AN OPERATION PRECEDE DEATH? 7/6 DATE OF March 19, 1931

WAS THERE AN AUTOPSY? (Drainage impyema)
WHAT TEST CONFIRMED DIAGNOSIS? Examination - impyema
(Signed) Franklin E. Murphy, M. D.

7-71-1931 (Address) Home, City 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 Forest Hill Cem. In receiving vault DATE OF BURIAL 3-23-1931

20. UNDERTAKER Stiles & McClure ADDRESS 3235
Gilman Page

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**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. 1372
City..... (No. Research Hospital) St. Ward)

2. FULL NAME

Ernest Roswell Morse
(a) Residence. No. 423 Harrison 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/20 19 31

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

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., (that I last saw h..... since on 19....., and that death occurred, on the date stated above, at..... m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68

Chestnutin followed by pneumonia (Lobar Pneumonia)
(duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work

CONTRIBUTORY (SECONDARY) 108
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

10. NAME OF FATHER

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

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

12. MAIDEN NAME OF MOTHER

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Franklin E. Murphy, M. D.
Bl. 10 . 31 (Address) Morse City Mo

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

*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.

14. INFORMANT (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED 3/21 19 31 M. M. Corowe REGISTRAR

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW
Every item of information should be carefully supplied. AGE of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

SUPPLEMENTARY

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