

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

Do not use this space.

10299

1. PLACE OF DEATH

County Jackson
Township Prairie
City Little Blue Mo.

Registration District No. 400
Primary Registration District No. 5500
City Jackson County Mo. St. How (Ward)

File No. _____
Registered No. 21
St. _____ Ward _____

2. FULL NAME

Harold Morris
(a) Residence. No. 1704 West 94 St. St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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

negro

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)

11 8 99

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

45 2

8. OCCUPATION OF DECEASED

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

Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

239

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Texas

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

12. MAIDEN NAME OF MOTHER

Marquet Dutton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Missouri

14.

INFORMANT

(Address)

County Home Records Little Blue Mo.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

March 3, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 - 1931, to March 3, 1931
that I last saw him alive on March 3, 1931, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pericarditis
131 Neuritis
132 B (duration) yrs. mos. 30 ds.

CONTRIBUTORY (SECONDARY)

Uremia

(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Exam.

(Signed) L. H. Booker, M. D.

239 (Address) 2200 - Vin St.

*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

Leavenworth Kans

3-5-31 19

20. UNDERTAKER

ADDRESS

Thurman & Green Street - Kansas

WHITE 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.
APR 23 1931

