

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. Dr. C. F. Byrd's Sanitarium)

File No. 24260
Registered No. 743
St. _____ Ward _____

2. FULL NAME Ora Morris,

(a) Residence, No. _____ St. _____ Ward. Gentry, Mo. R.R. #1
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Jesse Morris,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26, 1886
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 4 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) June 19 31 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) Gentry Co - Missouri
(STATE OR COUNTRY)

FATHER 13. NAME John Ruch

14. BIRTHPLACE (CITY OR TOWN) unk known Ohio
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME May Jane Lewis

16. BIRTHPLACE (CITY OR TOWN) Gentry Co - Missouri
(STATE OR COUNTRY)

17. INFORMANT Jesse Morris
(ADDRESS) Gentry Mo - R. R. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Gentry Mo DATE July 12, 1931

19. UNDERTAKER Heaton-Bryal, Bowman
(ADDRESS) 315 S. 10th St. General Home

20. FILED 7-10 1931 John R Bendler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1931
22. I HEREBY CERTIFY, That I attended deceased from June 29, 1931, to July 10, 1931
I last saw her alive on July 10, 1931. Death is said to have occurred on the date stated above, at 3:20 p.m.
The principal cause of death and related causes of importance were as follows:

83
84
General Paralysis of the Base
Other contributory causes of importance: maniacal exhaustion

Name of operation 85 Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) C. F. Byrd, M. D.
(Address) Kennels Road

WRITE 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.

AUG 24 1931

