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.

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

Do not use this space.
29466

1. PLACE OF DEATH

County ..... Registration District No. 791 1008

Township ..... Primary Registration District No. .....

City St. Louis (No. 2810 Olive St. St. ..... Ward)

File No. .....
Registered No. 8486

2. FULL NAME Alfred T. Morris

(a) Residence, No. 4462 Forest Park Ave. 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 14-1864

7. AGE: Years 67 Months 1 Days 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Automobiles

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ontario Canada

FATHER

13. NAME: Edward Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Deborah Terrill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Mrs Fannie Morris 4462 Forest Park Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE: St. Thomas Ky DATE: Aug 7 1931

19. UNDERTAKER (ADDRESS): C. R. Lupton & Sons 4449 Olive St

20. FILED: AUG 5 1931 Wm C. Markers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): found dead Aug 4 1931
Physician in attendance

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
9 yr	

Other contributory causes of importance .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? .....

If so, specify .....

(Signed) J. W. Lerner, M.D.

(Address) Dep. Coroner

8/5/31