

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

Do not use this space.

37732

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 4216 Mercer) St. _____ Ward _____

File No. _____
Registered No. 1508
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4216 Mercer 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

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 Esther Morris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 18-1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 19 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Conductor
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte City Missouri
13. NAME John Morris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Emily Jamison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs Esther Morris
(ADDRESS) 4216 Mercer Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillside Kansas DATE November 18 1931

19. UNDERTAKER J. M. Sheehan
(ADDRESS) 4216 Mercer Kansas City Mo

20. FILED 11/16 1931 M. M. Colwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 16 1931
22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Nov. 16, 1931
I last saw him alive on Nov. 15, 1931. Death is said to have occurred on the date stated above, at 12:20 a.m.
The principal cause of death and related causes of importance were as follows:

Hypostatic Broncho-Pneumonia Date of onset Nov. 15
SOA 82A
107A
97
Other contributory causes of importance: Cerebral Hemorrhage Date of onset Nov. 1/31
Arteriosclerosis
Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis: Phys. Exam 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) Eugene W. Ferguson, M. D.
(Address) 9303 Professional Bldg

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.

Dr Eugene Ferguson
Professional Bldg

Vi 1020

1821 West 50th St

Va 4641