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

Do not use this space.

41088

1. PLACE OF DEATH
County Jackson — Registration District No. 389
Township Kaw — Primary Registration District No. 3002 — File No.
City Kansas City (No. Vineyard Park Hospital St. Ward) — Registered No. 5077

2. FULL NAME Mrs Minnie Morrish
(a) Residence. No. Fort Collins Colo. St., X 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 24, 1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
62	3	29	

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

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

PARENTS
10. NAME OF FATHER Floyd Perry
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Va.
12. MAIDEN NAME OF MOTHER Louise Henry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.

14. INFORMANT Dr J. H. Murphy
(Address) 3207 Summit

15. FILED 12/23 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1931, to Dec 23, 1931 that I last saw he alive on Dec 23, 1931, and that death occurred, on the date stated above, at 2:00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolic Bronchopneumonia
Acute Mitral endocarditis
'92 A
107 A (duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) Mitral Regurgitation
(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. E. Shelton, M. D.
12-23, 1931 (Address) 609 Commerce Bldg.

*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 Fort Collins Colo. — DATE OF BURIAL 12/26 1931

20. UNDERTAKER Wagner Funeral Home 204 W. — ADDRESS Linwood

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.

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No. 20