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

Do not use this space.

16491

File No. 28

Registered No.

1. PLACE OF DEATH

County: Jasper — Registration District No.: 411

Township: — Primary Registration District No.: 2002

City: Joplin (No. 1330 Pearl St. Ward)

49 7 5

2. FULL NAME: James Morris

(a) Residence, No. (Usual place of abode) St., Ward. (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.

JUN 23 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 16 1871

7. AGE: Years 61 Months 7 Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R. R. Clerk 105

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

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): Michigan

FATHER

13. NAME: no Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record 31

MOTHER

15. MAIDEN NAME: no Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

17. INFORMANT (ADDRESS): Miss Helen Jones, Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL: PLACE Joplin DATE 5 23 32, 19..

19. UNDERTAKER (ADDRESS): Huckleberry & Sapenfield, Joplin Mo

20. FILED 5 28 1932 A. Benson Clark, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-21 32, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932 to May 21, 1932

I last saw him alive on May 24, 1932. Death is said to have occurred on the date stated above, at 4:40 p.m.

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

	Date of onset
Carcinoma of Stomach	
46B	

Other contributory causes of importance:

46B

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

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) A. N. Winchester, M. D.

(Address) Joplin Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD