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.

29367

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002 — File No.
City KC Mo (No. St Joseph Hosp St. Ward) — Registered No. 3541

2. FULL NAME Arthur B. Morris
(a) Residence. No. ~~Turney Mo~~ 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: Mas
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 29 1880

7. AGE: 5 yr. — YEARS: — MONTHS: 9 — DAYS: 20 — If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN): Bunceton Cooper Co
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: John Morris
11. BIRTHPLACE OF FATHER (CITY OR TOWN): "
(STATE OR COUNTRY): North Carolina
12. MAIDEN NAME OF MOTHER: Martha Cline
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Mo
(STATE OR COUNTRY)

14. INFORMANT: Mrs Bonie Morris
(Address): Turney Mo

15. FILED 9/19, 1932 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9-19- 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1932 to Sept 19, 1932 that I last saw h.... alive on Sept 19, 1932 and that death occurred, on the date stated above, at 6:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

TOXIC MYOCARDITIS

1-5 YEARS (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY): CHRONIC CHOLECYSTITIS + HEPATIS AND CHOLECYSTOLITHIASIS

5-10 YEARS (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH? YES DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. C. Hamilton, M. D.
19 (Address) 602 Argyle 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: Lathrop Mo — DATE OF BURIAL: 9-19 1932

20. UNDERTAKER: Mrs C L Forster — ADDRESS: KC Mo