

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

Do not use this space.

34825

1. PLACE OF DEATH

County..... Buchanan Registration District No. 85
 Township..... Primary Registration District No. 1001
 City..... St. Joseph, (No. 3725 Terrace Ave...... St. Ward)

File No.
 Registered No. 11191

2. FULL NAME

Frederick P. Morrison

(a) Residence, No. 3725 Terrace Ave...... St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 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) Widowed |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily Morrison | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 9, 1837 | | |
| 7. AGE | YEARS 95 | MONTHS 6 |
| | DAYS 3 | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. M. & St. Paul Railway | |
| | 10. Date deceased last worked at this occupation (month and year) 1902 | 11. Total time (years) spent in this occupation 35 |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston, Mass. | | |
| FATHER | 13. NAME William Morrison | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Scotland. | |
| MOTHER | 15. MAIDEN NAME Mary Coffin | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Scotland. | |
| 17. INFORMANT (ADDRESS) Mrs. E. D. Forcum 3725 Terrace Ave. | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Ewart, Iowa. DATE Nov. 15, 1932 | | |
| 19. UNDERTAKER (ADDRESS) Walter Reichhoffer 1302 Aaron St., St. Joseph, Mo. | | |
| 20. FILED 11-14-32 19 <u>John R. Bender</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932, to Nov 12, 1932
 I last saw him alive on Nov 11, 1932. Death is said to have occurred on the date stated above, at 4.45 P.M.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis of right apical part (and) General Emphysema Date of onset Nov. 5/32
Arterio Sclerosis
 Other contributory causes of importance: None
 Name of operation None Date of
 What test confirmed diagnosis? Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) Clarence A. Gank, M. D.
 (Address) Tootle Bldg, St. Joseph, Mo.

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.

