

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

Do not use this space.

37235

**1. PLACE OF DEATH**

County ..... Registration District No. ....  
 Townshlp ..... Primary Registration District No. ....  
 City St. Louis (No. 6329 Virginia Ave St. 1 Ward 1)  
 File No. .... Registered No. 9861

**2. FULL NAME**

Harry Morrison  
 (a) Residence, No. 6329 Virginia St., 1 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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 Lullie Morrison  
Penkerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 70 years

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. German

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of St. Louis

10. Date deceased last worked at this occupation (month and year) ..... 1. Total time (years) spent in this occupation Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

13. NAME Thos Morrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deland

15. MAIDEN NAME May O'Malley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deland

17. INFORMANT (ADDRESS) Dr. Tom Morrison  
6329 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olive's DATE Nov 9 1932

19. UNDERTAKER (ADDRESS) South Maple  
6329 Virginia

20. FILED NOV - 7 1932 Max W. ...  
Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sunday 11/6/32

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1932, to Nov 6, 1932

I last saw him ..... alive on Nov 6, 1932 Death is said

to have occurred on the date stated above, at 7:30 a.m.

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

Chronic Myocarditis  
92A Ray Standing  
93C 92A  
 Other contributory causes of importance: None

nitral stenosis Ray Standing

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Chemical 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) Alex J. ... D.

(Address) 760 P Michigan

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.

