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. 40044

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. F 5052
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 3803 Penn st. St. Ward)

2. FULL NAME Gouverneur Morris
(a) Residence, No. 3803 Penn st. St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 32 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 Mrs. Emma A. Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-16-1864

7. AGE — YEARS: 68 — MONTHS: 5 — DAYS: 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate
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) Missouri 1

FATHER
13. NAME Robert Morris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey 2

MOTHER
15. MAIDEN NAME Penina Ramsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know 31

17. INFORMANT Ray Morris
(ADDRESS) 3803 Penn st.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 12-30-32, 19

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Mo.

20. FILED 12/29, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1932 to 12-28, 1932
I last saw him alive on 12-28, 1932. Death is said to have occurred on the date stated above, at 4:30P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

occlusion of coronary artery 948
97

Other contributory causes of importance:

atherama 948 (1)

Name of operation — Date of
What test confirmed diagnosis? Clinical 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) Samuel Ayres, M. D.
(Address) 814 Argyle Bldg.

Br. Samuel C. Agnew

11 a.m. St. Mary's
Hospital