

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

Do not use this space  
**9823**

**1. PLACE OF DEATH**

County Jackson Registration District No. 383  
 Township Kaw Primary Registration District No. 183  
 City Kansas City (No. 5020 Sunset Drive) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1423  
 Registered No. \_\_\_\_\_

**2. FULL NAME** Prudence Heshher Morrison

(a) Residence, No. 5020 Sunset Drive St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Joseph R. Morrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 11 28

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Butler  
 (STATE OR COUNTRY) Missouri

13. NAME Oscar F. Renick

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

15. MAIDEN NAME Lucy Henry Renick

16. BIRTHPLACE (CITY OR TOWN) Woodford County  
 (STATE OR COUNTRY) Kentucky

17. INFORMANT H. D. Tanner  
 (ADDRESS) 5020 Sunset Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler, Mo DATE March 28, 1933

19. UNDERTAKER Stine & McClear  
 (ADDRESS) 3235 Millchase Plaza

20. FILED March 27, 1933 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 16<sup>th</sup>, 1933, to March 26<sup>th</sup>, 1933

I last saw her alive on March 21<sup>st</sup>, 1933. Death is said to have occurred on the date stated above, at P.m. 9:10

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

Lobar Pneumonia

Other contributory causes of importance:

108 / 168

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) H. D. Tanner, M. D.  
 (Address) 2202 Benjamin Blvd, Kansas City, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr L. B. Sawyer.