

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

Do not use this space.

**1. PLACE OF DEATH**

58 County Linn Registration District No. 500  
Township Jefferson Primary Registration District No. 4303  
City Jefferson (No. 11) St. Jefferson Ward 1

File No. **20295**  
Registered No. 8

**2. FULL NAME**

Ike Morris  
(a) Residence, No. 11 St. Jefferson Ward 1  
(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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Morris  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12, 1868  
7. AGE YEARS 64 MONTHS 11 DAYS 28 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
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) (STATE OR COUNTRY) Missouri

13. NAME Isaac Morris

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

15. MAIDEN NAME Mary O'Neil

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

17. INFORMANT Emma Morris (ADDRESS) Laclede Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Laclede Mo DATE July 2, 1933

19. UNDERTAKER W. G. Shorne (ADDRESS) Laclede Mo

20. FILED 7/1/33 19 1933 J. N. Buss Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to June 30, 1933  
I last saw him alive on June 29, 1933 Death is said

to have occurred on the date stated above, at 11 a.m.  
The principal cause of death and related causes of importance were as follows:

Nephritis Glomerular

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Urges 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 J. W. Buss

(Signed) J. W. Buss, M. D.

(Address) Laclede

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.

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