

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

Do not use this space.

29845

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1100
City Kansas City, Mo. St. Joseph Hosp

File No. _____
Registered No. 3771
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5337 Woodland St., Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roy L. Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-18-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 11 4

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

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) Kentucky

13. NAME Robert

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

15. MAIDEN NAME Donaldson

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

17. INFORMANT (ADDRESS) Roy L. Morris
5337 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Moriah DATE 9-25-33

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster
918 Broadway Ave

20. FILED 9/24, 1933 M. M. Crowe
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22-1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Sept 22, 1933

I last saw her alive on Sept 22, 1933 Death is said to have occurred on the date stated above, at 4:42 P.m.

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

Hypertensive heart disease Date of onset 7/19/33
bronchopneumonia

952
109A
Other contributory causes of importance:

Name of operation _____ 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? _____ 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) Hugh E. Hamilton, M. D.

(Address) 1602 Croyd Kelly

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.

Oct 20 1933

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