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

Do not use this space.

30901

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170
Township Central — Primary Registration District No. 6248H
City Richmond Hgts (No.) St. Mary's Hospital St. (Ward)

File No.
Registered No. 175

2. FULL NAME Jessie Morris
(a) Residence, No. St., Ward. Desloge Mo
(Usual place of abode) (If nonresident, give city or town and State)
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.

SEP 26 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21-1917

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
16	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) St. Francis Co Mo

FATHER
13. NAME John E Morris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo

MOTHER
15. MAIDEN NAME Nell Holmes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Co Mo

17. INFORMANT (ADDRESS) John E Morris Desloge Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Desloge Mo DATE Sept 5 1933

19. UNDERTAKER (ADDRESS) Bayer Und Co Desloge Mo

20. FILED 9/3 1933 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9 1933, to Sept 3 1933
I last saw him alive on Sept 2 1933 Death is said to have occurred on the date stated above, at 5:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	1/1/32
Lymphosarcoma	
TB	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Biopsy 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) G. O. Brown, M. D.
(Address) 1325 S. Grand

Dr. H.O. Brown