

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 1002
Township State Primary Registration District No. 1002
City Kansas City (No. 5331 Highland) St. _____ Ward _____

File No. 5233
Registered No. 959
St. _____ Ward _____

2. FULL NAME

William P Morrow
(a) Residence, No. 5331 Highland 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. 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 11 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Missouri13. NAME William Morrow14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record15. MAIDEN NAME Paula Ann16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record17. INFORMANT Mrs E. Gallimore18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills Cem DATE 2/28/34 19.19. UNDERTAKER Amick & Co20. FILED 2-28 1934 M. M. Crowe asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 193422. I HEREBY CERTIFY, That I attended deceased from May 1933, 1933, to Feb 20, 1934.I last saw him alive on Feb 20, 1934. Death is said to have occurred on the date stated above, at 3P m.The principal cause of death and related causes of importance were as follows:
Hemorrhage of lungsOther contributory causes of importance:
Pulmonary tuberculosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Census Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

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 John P. Morrow, M. D.(Signed) _____ (Address) 1402 1/2 7th St

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.

