

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Jackson Registration District No. 377
 Township Waco Primary Registration District No. 1
 City K.C. Mo (No. 370 Chelsea) St. Mo Ward 1008

File No. 13112
 Registered No. 1008

2. FULL NAME

Gertrude Louise Morrison
 (a) Residence, No. 370 Chelsea St., Mo Ward. (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 Female 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 22 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormins.
11 7 9 2

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

13. NAME Charles F. Morrison

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

15. MAIDEN NAME Louise Hodules

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

17. INFORMANT Charles F. Morrison (ADDRESS) 370 Chelsea, Avon

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE April 27 1934

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 918 Broadway, Avon, K.C., MO

20. FILED Apr 26 1934 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24 - 34

22. I HEREBY CERTIFY, That I attended deceased from Apr 11 1934 to Apr 25 1934

I last saw him/her alive on Apr 15 1934 Death is said to have occurred on the date stated above, at 5:25 pm.

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

Hemolytic Streptococci
Blood stream infection
Apr 17
115 a
 Other contributory causes of importance:
Nose & Throat Infection
Apr 11, 34

Name of operation None Date of no
 What test confirmed diagnosis? Culture 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?
 If so, specify _____ (Signed) Dr. J. S. Rising, M. D.
 (Address) 607 Argyle Bldg

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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No 0848

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