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

Do not use this space.

24964

File No.
Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township East — Primary Registration District No. 100
City Kansas City (No. 3915 Genesee St. Ward)

2. FULL NAME Richard J. Morrissey
(a) Residence, No. 3915 Genesee 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15 - 1865

7. AGE: YEARS 68 | MONTHS 7 | DAYS 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
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) Ireland

FATHER
13. NAME James Morrissey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Alice Dorgney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs Josephine Morrissey
(ADDRESS) 3915 Genesee

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Aug 2 1934

19. UNDERTAKER J. F. O'Donnell Co
(ADDRESS) K.C. Mo

20. FILED 8. 1. 1934 M. M. Brown
asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/29, 1934, to 7/31, 1934
I last saw alive on 7/31, 1934. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertention.	
Valvular insufficiency	
(acute Dilatation of Heart)	
Other contributory causes of importance:	
exersion heat	3/1
99B	
95B	
10V	

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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) J. Conrad Lang, M. D.
(Address) 3922 Bell st

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33