FEB 21 1935

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3289

Township ..... Primary Registration District No. 1003 Registered No. 587

City Saint Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME John F. Morrisson

(a) Residence, No. 1909 North Grand St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephine Lane Morrisson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 10 1866

7. AGE: YEARS 69 MONTHS — DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City of St. Louis
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): Staten Island New York

FATHER

13. NAME: James Morrisson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Jamie Morrisson 1909 North Grand Boulevard

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 1/17 1935

19. UNDERTAKER (ADDRESS): Thomas J. Finan 1519 South Grand Boulevard

20. FILED JAN 15 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1934, to Jan 14, 1935
I last saw him alive on Jan 14, 1935. Death is said to have occurred on the date stated above, at 10 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/14/35
Other contributory causes of importance:	
Arteriosclerosis	1925?
Chronic nephritis	1930

Name of operation none 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) [signature] M. D.
(Address) 2435 N. Grand Av.

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.