

MAY 29 1935

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

Do not use this space.

13284

## 1. PLACE OF DEATH

County Jasper Registration District No. H 11 File No. ....  
Township ..... Primary Registration District No. 2002 Registered No. ....  
City Joplin, Mo. (No. 1718 Ohio) St. .... Ward) .....

## 2. FULL NAME

George Morris  
(a) Residence, No. 1718 Ohio 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<br><u>Male</u>  | 4. COLOR OR RACE<br><u>Wh.</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Mar</u> |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 28 - 1870</u>                       |  |   |
| 7. AGE   | YEARS<br><u>65</u>   | MONTHS<br><u>7</u>  |
|  | DAYS<br><u>13</u>  | If LESS than 1 day, ..... hrs. or ..... min.                            |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Labourer</u> |   |
|  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Relief</u>            |   |
|  | 10. Data deceased last worked at this occupation (month and year) <u>✓</u>                                     | 11. Total time (years) spent in this occupation <u>c</u>                |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>No Record</u>               |  |   |
| FATHER   | 13. NAME<br><u>No Record</u>   |   |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>No Record</u>   |   |
| MOTHER   | 15. MAIDEN NAME<br><u>No Record</u>  |   |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>No Record</u>   |   |
| 17. INFORMANT <u>Mr. Annie De Witt</u><br>(ADDRESS) <u>1802 Indiana</u>            |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Funerary</u> DATE <u>Apr 30 - 35</u> |  |   |
| 19. UNDERTAKER <u>Frank - Sierra</u><br>(ADDRESS) <u>Joplin, Mo.</u>               |  |   |
| 20. FILED <u>H-29</u> 19 <u>35</u> - <u>Ed D James</u><br>Registrar.               |  |   |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 28 - 1935

22. I HEREBY CERTIFY, That I attended deceased from April 26 - 1935, to Apr - 29th, 1935  
I last saw him alive on April 29, 1935 Death is said to have occurred on the date stated above, at 12:37 m.  
The principal cause of death and related causes of importance were as follows:  
Apr 24th developed acute bronchial pneumonia  
93c  
Other contributory causes of importance:  
Chronic Myocarditis

Name of operation ..... Date of .....  
What test confirmed diagnosis Clinical 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 Chronic Myocarditis  
(Signed) W. J. Black M. D.  
(Address) 607 Duane St. Joplin, Mo.

