

DCT 2 2 1935

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

Do not use this space.

29730

3743

1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 1415 West 50th St. Terrace St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME

Mary Caywood Morrison

(a) Residence, No. 1415 West 50th St. Terrace 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 Female  
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 Charles A. Morrison  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1869  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 6 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
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) Iowa

MOTHER FATHER 13. NAME David Caywood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

15. MAIDEN NAME Susan Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

17. INFORMANT Charles R. Morrison  
(ADDRESS) 1415 West 50th Street Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hartford, Ia DATE 9-28 1935

19. UNDERTAKER Stewart McChives  
(ADDRESS) 2232 Hillbarn Plaza

20. FILED 9-28 1935 Wm. M. Crockett  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 27, 1935

22. I HEREBY CERTIFY, that I attended deceased from Sept 12 to Sept 27  
I last saw him alive on Sept 27, 1935 Death is said to have occurred on the date stated above, at A. m. 10:30  
The principal cause of death and related causes of importance were as follows:

Acute Coronary Obstruction  
Date of onset 9/20/35

Other contributory causes of importance:  
Chronic myocarditis and Arteriosclerosis 1919/31

Name of operation none Date of \_\_\_\_\_  
When first confirmed diagnosis Physical Examination 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) J. V. Bell M. D.  
(Address) 1132 Professional Bldg. Mo

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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