

JAN 15 1936

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

Do not use this space.

38606

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. 1010 So. 20th St.) Registered No. 127 Ward

2. FULL NAME

Mary Josephine Morris
(a) Residence, No. 1010 So. 20th St. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 David A. Morris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 11 26
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) Buchanan Co. Mo.

13. NAME James H. Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va.

15. MAIDEN NAME Amie Naylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky.

17. INFORMANT (ADDRESS) Edw. W. Morris Texarkana, Tex.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Dec. 5, 1935

19. UNDERTAKER (ADDRESS) Walter Meierhofer 1302 Parson St. St. Joseph, Mo.

20. FILED 12-5-1935 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1935 to Dec 3, 1935
I last saw him alive on Nov 1, 1935. Death is said to have occurred on the date stated above, at 3.40 m. P.M.
The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis Date of onset today
Coronary Sclerosis
Myocarditis Chronic

Other contributory causes of importance Pneumonia Hypostatic 3 days

Name of operation None Date of _____
What test confirmed diagnosis Micro 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.W. Carle M. D.
(Address) Phys. & Surg. Bldg., St. Joseph, 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.

