

MAR 21 1936

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

Do not use this space.

5992

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township Kaw Primary Registration District No. 1002 Registered No. 800
City Kansas City, Mo. 203 E. 13th St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 701 Kansas City, Mo. R. 4 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) MAUDE MORRIS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10, 1865
7. AGE YEARS 70 MONTHS 6 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.
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) Clay Co. Missouri

13. NAME Joseph Morton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Jane Menefee

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

17. INFORMANT Mrs. Mary Wynn (ADDRESS) Union farm, North R. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Farm DATE Feb 14, 1936

19. UNDERTAKER Morton Funeral Home (ADDRESS) no. 1500 Kansas City, Mo.

20. FILED 114, 1936 M. M. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10/36, 19____
22. I HEREBY CERTIFY that I attended deceased from _____, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above at _____ m.

The principal cause of death and related causes of importance were as follows:
Gonorrhea
Chronic myocardial infarction
Date of onset _____

Other contributory causes of importance: None

Name of operation _____ Date _____
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) [Signature], M. D.
(Address) _____

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

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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