

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.

AUG 24 1936

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

Do not use this space.

26586

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 002
(No. 3933 Warwick)

File No. _____
Registered No. 3256
St. _____ Ward _____

2. FULL NAME

James E. Morton

(a) Residence, No. 3933 Warwick St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 Harriet R. Douglass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
82 7 3

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) Nova Scotia, D. of C.

13. NAME Lemuel Morton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nova Scotia, D. of C.

15. MAIDEN NAME Caroline Sacharissa Terry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nova Scotia, D. of C.

17. INFORMANT (ADDRESS) Willard R. Douglass
4500 Main Street, Kansas City, Mo.

18. BURIAL PLACE Forest Hill Cemetery
Kansas City, Mo DATE July 13, 1936

19. UNDERTAKER (ADDRESS) Stine & McClure
3235 Gillham Plaza

20. FILED 7-13 1936 m. m. Crowe, asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1936, to July 12, 1936
I last saw him alive on July 12, 1936. Death is said to have occurred on the date stated above, at A. 4:30
The principal cause of death and related causes of importance were as follows:

Intra-aortic fracture of left femur
Pneumonia (lobular or bronchial)
histocytical

Other contributory causes of importance: _____
Name of operation _____ Date of _____
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? Accident Date of injury July 5, 1936
Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall
Nature of injury fracture left femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) George H. Hoy, M. D.

(Address) 1000 Rialto Bldg

Pink to Purple

11 A.M.