

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.

OCT 15 1936

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

Do not use this space.

34446

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Raw Primary Registration District No. 1002  
City Kansas City (No. 4217 Bell)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs. Ida M. Morris  
(a) Residence, No. 4217 Bell St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred (0 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 He 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 Andrew J Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 2 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housewife  
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) Penn

FATHER 13. NAME Daniel Kneeder

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

MOTHER 15. MAIDEN NAME Hydia Johnson

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

17. INFORMANT (ADDRESS) Mrs. Katie M. Michelson

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Wash DATE Sept-12-1936

19. UNDERTAKER (ADDRESS) Alvnewenels Sons

Kansas City - Mo

20. FILED Sept 11, 1936 m. m Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-10-1936

I HEREBY CERTIFY, That I attended deceased from Aug. 14 1936, to Sept. 10 1936

I last saw him alive on Sept 9 1936 Death is said to have occurred on the date stated above, at 5:15 P.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
23 Date of onset 1-1-36

Other contributory causes of importance:  
Terminal Hypostatic 9-9-36  
Broncho Pneumonia

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

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) Argue H. Ferguson, M. D.  
(Address) 933 Proj Bldg

~~prof. A. J. D. 1020~~

~~2-4~~ 9 o'clock - Sat.

Trinity Lutheran