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

Do not use this space.

OCT 15 1936

34499

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No.
Township Kaw Primary Registration District No. 1002 Registered No.
City K.C. Mo. (No. 519 East 5th St. St. Ward)

2. FULL NAME Robert Alfred Morasch

(a) Residence, No. 519 East 5th St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-14-1889

7. AGE: Years 47 | Months 7 | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Kansas

FATHER
13. NAME Schuyler Morasch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Virgil Morasch
(ADDRESS) 519 East 5th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lindaro K.C. Ks. DATE Sept. 16 1936

19. UNDERTAKER Mrs. C. L. Foster
(ADDRESS) 918 Brooklyn ave

20. FILED Sept 16 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-1-, 1935 to 9-14, 1936
I last saw he alive on 9-13- 1936 Death is said to have occurred on the date stated above, at 5:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Endocarditis	
Flu	

Other contributory causes of importance:

Influenza	12-1-1935

Name of operation — Date of
What test confirmed diagnosis Clinical & History Was there 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) R. D. Stewart, M. D.
(Address) 502 Commerce Bldg.

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2
30M-1-20-36
X7044

922 Walnut

MRA 5278