

OCT 15 1936

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

Do not use this space.

34640

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City, Mo. (No. 2930 East 30th St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4373

2. FULL NAME Fred R. Morse

(a) Residence, No. 2930 East 30th St 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
51 0 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler Mfg. Co.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Oneda  
(STATE OR COUNTRY) Kansas

13. NAME Joel N. Morse

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

15. MAIDEN NAME Emma Beach

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

17. INFORMANT Mrs. Elsie Morse  
(ADDRESS) 2930 East 30th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sabetha, Kan. DATE Sept. 30 1936

19. UNDERTAKER R. V. Lindsey & Sons  
(ADDRESS) 3811 Broadway

20. FILED 9/29 1936 M. M. Browne  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1935, to Sept 28, 1936

I last saw him alive on Sept 28, 1936 Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Aneurism of the Aorta Date of onsetFatal Rupture of The SameOther contributory causes of importance: 7/6

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X-Ray 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) Paul H. Johnson, M. D.  
(Address) 920 Newton Ave.

N. B.—Every item of information should be given in plain terms, so that it can be understood by all. CAUSE OF DEATH in plain terms, so that it can be understood by all.

Dr. Paul Johnson

1:30 to 5

920 Newton  
C. Johnson