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

JAN 19 1937

Do not use this space.

44708

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 10:2
City Kansas City, Mo. (No. Research Hospital St. Ward)

File No. 5287
Registered No.

2. FULL NAME Charles Albert Morris
(a) Residence, No. 218 N. Elmwood 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1874

7. AGE: Years 62 — Months 1 — Days 25 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo.Pac. R.R.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) (STATE OR COUNTRY) Ottawa, Kansas

FATHER
13. NAME David Morris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Melissa Alford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Henrietta Morris
(ADDRESS) 218 N. Elmwood, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Dec. 8 1936

19. UNDERTAKER C.H.Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C.Mo.

20. FILED Dec 7 1936 M. M. Crowe
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1936, to Dec 5, 1936
I last saw him alive on Dec 5, 1936 Death is said to have occurred on the date stated above, at 4:30 m AM
The principal cause of death and related causes of importance were as follows:

Acute Pseudomembranous Bronchitis — Date of onset Nov 15-36
By Lateral Compression

Other contributory causes of importance: Edema of Lungs — 2 days

Name of operation — Date of
What test confirmed diagnosis? — 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) W. O. Eldson, M. D.
(Address) 333 Walker Bldg K.C. Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.