

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 300Township KawPrimary Registration District No. 3002City Kansas City(No. Wesley Hosp.)File No. 9835Registered No. 1552

St. _____ Ward _____

2. FULL NAME Mrs. Dora E. Morris(a) Residence, No. 3939 Genessee St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Roy J. Morris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 1, 1888</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>7</u>	DAYS <u>28</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	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) Topeka,
(STATE OR COUNTRY) Kansas13. NAME Vardman Burns14. BIRTHPLACE (CITY OR TOWN) Holton
(STATE OR COUNTRY) Kansas15. MAIDEN NAME Etta Shaffer16. BIRTHPLACE (CITY OR TOWN) Holton
(STATE OR COUNTRY) Kansas17. INFORMANT Marguerite Dong
(ADDRESS) 3922 Bell18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE March 31, 193719. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS) _____20. FILED 3-31-37 M. M. Crawford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 193722. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1937, to Mar 29, 1937I last saw her alive on Mar 29, 1937 Death is said to have occurred on the date stated above, at 2:45 P.

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

Intestinal obstruction Date of onset Mar 26, 1937
adhesive bands
12257

Other contributory causes of importance:
Small intestinal obstructionName of operation _____ Date of 3-29What test confirmed diagnosis Operation the an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 1930Where did injury occur? no (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. noManner of injury noneNature of injury suicide24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. F. Mackey, M. D.(Address) Wesley Hospital

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.

X704

Mr. J. T. Mackey
Prof. Bldg.