

APR 9 1937

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

Do not use this space.

10631
3205

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 3101 Lawton Res.) St. Ward)

2. FULL NAME

Ray Morris
(a) Residence, No. 3101 Lawton Res. St., 21 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) march 18, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
52 53 8 1

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. common

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) Mississippi

13. NAME Turner Morris

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

15. MAIDEN NAME Laura Jorner

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

17. INFORMANT Luberta Morris
(ADDRESS) 3101 Lawton Ave. Res.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Burial DATE 3/26/37

19. UNDERTAKER W. S. Wade Undertaking
(ADDRESS) 4212 S. Fenwick Ave.

20. FILED MAR 24 1937 J. Bredet
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-17, 1937, to 3-19, 1937.

I last saw him alive on 3/19, 1937. Death is said to have occurred on the date stated above, at 11:45 P.m.

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

Large vessel lacerated by labor
Preceded by the
direct cause

Date of onset
2-17-37Other contributory causes of importance: 1/a

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an 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) J. Bredet, M. D.(Address) 3200 A Fenwick Ave.

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

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