

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

Do not use this space.

JUN 12 1937

19244

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 100
 City Kansas City, Mo. (No. 805 Spruce, Kansas City, Mo. St. _____ Ward _____)

2. FULL NAME George G. Morris
 (a) Residence, No. 805 Spruce St., K. C. St., Mo. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 43 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 Margaret Connole Morris
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/31/1868
 7. AGE YEARS 69 MONTHS 1 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car operator
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. Pub. Serv.
 10. Date deceased last worked at this occupation (month and year) Retired 1/1/37 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME James F. Morris

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

MOTHER 15. MAIDEN NAME Orlena Dyer

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

17. INFORMANT Margaret Morris (ADDRESS) 805 Spruce St.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 6/2/37 19.

19. UNDERTAKER Sheil Funeral Home (ADDRESS) 6606 Indep. Ave., K. C. Mo.

20. FILED May 31 1937 3PM in envelope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1937 to May 29, 1937
 Last saw him alive on May 29, 1937. Death is said to have occurred on the date stated above, at 2:30 PM.

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

Chronic myocardial degeneration Date of onset _____
93C

Other contributory causes of importance:
Bronchitis + Emphysema

Name of operation _____ Date of _____
 What test confirmed diagnosis? Lab. studies 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) Dr. Frank E. Gray, M. D.
 (Address) 4316 E 9th, K. C. Mo.

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.

