

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH
 County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **City Hospital No. 2**) File No. **22218**
 Registered No. **5970** (Ward)

2. FULL NAME **James Morris**
 (a) Residence, No. **1310 Webster** St., **21** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred **17** 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 **Lizzie Morris**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 17, 1900**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
36 19 25

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 **James Morris**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **South Carolina**

15. MAIDEN NAME **Annie Williams**

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

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson** DATE **6/19/37**

19. UNDERTAKER **E. L. Garner**
 (ADDRESS) **2829 Washington**

20. FILED **JUN 19 1937** **J. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 12, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 28, 1937** to **June 12, 1937**
 I last saw him alive on **June 12, 1937** Death is said to have occurred on the date stated above, at **2:10 P.M.**
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset **1/28/37**

Other contributory causes of importance:

Name of operation **Post mortem** 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?
 If so, specify. (Signed) **J. Owey Blache**, M. D.
 (Address) **1294 Stanton**

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.

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THIS IS A PERMANENT RECORD

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