

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

Do not use this space.

SEP 15 1937

**1. PLACE OF DEATH**

County Buchanan Registration District No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 City St. Joseph (No. St. Joseph's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 30119  
 Registered No. 845

**2. FULL NAME** Frieda Lenora Morris

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ Dearborn, Missouri  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George G. Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1910.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
27 3 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) St. Joseph  
 (STATE OR COUNTRY) Missouri

13. NAME Charles Whitten

14. BIRTHPLACE (CITY OR TOWN) Ottawa  
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Bessie McBee

16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Iowa

17. INFORMANT George G. Morris  
 (ADDRESS) Dearborn, Missouri.

18. BURIAL, CREMATION, OR REMOVAL Ashland Cemetery  
 PLACE St. Joseph, Mo. DATE Aug. 3, 1937

19. UNDERTAKER H. O. Sidenfaden and Son  
 (ADDRESS) 1802 Union Str., St. Joseph, Mo.

20. FILED Aug 2, 1937 H. J. Nestlebusch  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1937, to \_\_\_\_\_, 19\_\_\_\_, viewed \_\_\_\_\_

I last saw her alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:30 AM.

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

Injuries received when the Auto in which she was riding was struck by another Auto 7/31/29

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury 7/31, 1937

Where did injury occur? public place St. Joseph  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public place  
 Manner of injury Auto collision

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_  
 (Signed) B. W. Tadlock Coroner, M. D.  
 (Address) King Hill Bldg

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.

