

REC'D MAY 16 1938

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

Do not use this space.

14868

1. PLACE OF DEATH

County Jackson  
Township Prarie  
City

Registration District No. 400  
Primary Registration District No. 5353-10  
(No. Jackson Co. Prarie)

File No.  
Registered No. 77  
St. Ward

2. FULL NAME

Abraham Morris

(a) Residence, No. Jackson County Home 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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
April 70 X X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

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) (STATE OR COUNTRY) Austria

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Ernest Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE MT Carmel DATE 4-3 1938

19. UNDERTAKER (ADDRESS) H. Tinsley and Sons

20. FILED April 13 1938 William J. Fields Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-1 1938, to 4-1 1938

I last saw him alive on 4-1 1938. Death is said to have occurred on the date stated above, at m.

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

Other contributory causes of importance: 162

Name of operation Date of  
What test confirmed diagnosis? clinical Was there an autopsy? no

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? no  
If so, specify

(Signed) J. N. Green, M. D.  
(Address) Imperial

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.

