OCT 5 1938

BEND NOV 4 1938

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

Do not use this space.

36884

1. PLACE OF DEATH
County Saint Louis — Registration District No. 784 — File No.
Township Carondelet — Primary Registration District No. 200 — Registered No. 1607
City ~~Jeffe-son Barracks~~ (No. , Vet Hosp St. Ward)

2. FULL NAME John E. MORRISON
(a) Residence, No. 3148 School Street, Saint St., Ward. Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Martha Morrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 1, 1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
46	11	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
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) Flemingsburg, Kentucky

FATHER
13. NAME Frank Morrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Kentucky

MOTHER
15. MAIDEN NAME Annie Brandy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Missouri

17. INFORMANT (ADDRESS) Clinical M. Clerk, VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks DATE Oct 8 1938

19. UNDERTAKER (ADDRESS) Jas. H. Randle & Son 3133 Bell Ave

20. FILED OCT 5 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from September 26, 1938 to October 4, 1938
I last saw him alive on October 4, 1938 Death is said to have occurred on the date stated above, at 1:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	Unkn.

46

Other contributory causes of importance:
None

Laparotomy with gastro-enterostomy
Name of operation Phy. clinical manif. and laboratory Date of 10/4/38
What test confirmed diagnosis? 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?
If so, specify [signature]
(Signed) W. L. FLECK, M.D., Act. Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, 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.