REC'D APR 17 1939

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

Do not use this space.

9319

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C. North East Hospital (No. ... St. ... Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 925
Registered No.

2. FULL NAME 620 Minnie R. Morris
(a) Residence, No. 3501 E 12 St., K.C. Mo (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: FM
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lu Morris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 14 1880
7. AGE: YEARS 58 MONTHS 5 DAYS 13 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House keeper
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): Lowell Ohio

FATHER
13. NAME: Wm K. Allison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lowell Ohio

MOTHER
15. MAIDEN NAME: Sarah C. Hutchinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lowell Ohio

17. INFORMANT (ADDRESS): Mrs. Marie Pollock Overland Park Kan
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Springs Mo DATE 3-2-39
19. UNDERTAKER (ADDRESS): R.B. Webb Blue Springs Mo
20. FILED 3-1, 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 27, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1939, to Feb 27, 1939
I last saw her alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	2/27/39
820	
Other contributory causes of importance:	
Hypostatic Congestion - Pneumonia	2/27/39

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical 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. G. W. Thompson M.D.
(Address) 650 Bennington

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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