

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

Do not use this space.

36939

1. PLACE OF DEATH

County Jackson Registration District No.
 Township Kaw Primary Registration District No.
 City K.C. Mo. (No. 3429) Bales Av
 St. Ward

File No.
 Registered No. 4762
 St. Ward

2. FULL NAME

M. Alfred Moriston
 (a) Residence. No. 3429 Bales St. 14 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Moriston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 23 - 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>67</u>	<u>3</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Teacher
 (b) General nature of industry, business, or establishment in which employed (or employee)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Jno. Moriston

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

12. MAIDEN NAME OF MOTHER W. Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT H. P. Halbert
 (Address) Lee Summit

15. FILED 12-17-27 M. M. Crowe
 REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 15 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1927, to Dec 15th, 1927, that I last saw him alive on 12-15-27, and that death occurred, on the date stated above, at 11:05 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis, Acute
 (duration) yrs. 2 mos. - da.
 CONTRIBUTORY Arterio-sclerosis
 (SECONDARY) several years
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Ill
 IF NOT AT PLACE OF BIRTH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF Dec 15 - 1927
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual symptoms
 (Signed) C. E. Lyrene (M. D.)

17/16/19 27 Address 3406 Barnes Blvd -
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lee Summit DATE OF BURIAL Dec 17 1927

20. UNDERTAKER Mrs. C. L. Forster ADDRESS K.C. Mo.

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

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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