

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

Do not use this space.

20905

1. PLACE OF DEATH

County Clay Registration District No. 201
 Township Liberty Primary Registration District No. 5780
 City Liberty (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 59

2. FULL NAME

Rhas Morris

(a) Residence, No. 200 E. Home St. _____ 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 <u>M.</u>		4. COLOR OR RACE <u>W.</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-1-1859</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>71</u>	<u>11</u>	<u>29</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>				
	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) <u>Howard Co. Mo.</u>					
FATHER	13. NAME <u>Unknown</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
MOTHER	15. MAIDEN NAME <u>Unknown</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT <u>Paul Rogers Supt.</u> (ADDRESS) <u>Liberty Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty Mo.</u> DATE <u>7-2-</u> 19 <u>31</u>					
19. UNDERTAKER <u>Marvin Desel</u> (ADDRESS) <u>Liberty Mo.</u>					
20. FILED <u>8-10</u> 19 <u>31</u> <u>W. J. Goodson</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30 1931

22. I HEREBY CERTIFY, That I attended deceased from June 11 1931 to June 30 1931
 Last saw him alive on June 30 1931 Death is said to have occurred on the date stated above, at 8:15 P. m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Degeneration
Arterio Sclerosis
 Date of onset 9/11/14

Other contributory causes of importance:
Arterio Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? no
 If so, specify _____
 (Signed) J. H. Matthews, M. D.
 (Address) Liberty 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.

AUG 25 1931

