

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.

JAN 19 1932

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

Do not use this space.

40122
40212

1. PLACE OF DEATH 85
 County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. 5609 King Hill Ave. St. _____ Ward _____)

File No. _____
 Registered No. 1257

2. FULL NAME Joseph Carl Morris
 (a) Residence, No. 5609 King Hill Ave. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Morris

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1931
 22. I HEREBY CERTIFY, That I attended deceased from 2/15 1916 to 12/16 1931
 I last saw him alive on 12/16 1931 Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 30, 1855
 7. AGE YEARS MONTHS DAYS
76 2 16
 IF LESS than 1 day, _____ hrs. or _____ min.

Endocarditis Chronic Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 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) 1929
 11. Total time (years) spent in this occupation life

Other contributory causes of importance:
Nephritis Chronic
Arteriosclerosis
Pneumonia
Myocardial infarction

12. BIRTHPLACE (CITY OR TOWN) Logansport
 (STATE OR COUNTRY) Indiana

FATHER
 13. NAME William Morris
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ohio

MOTHER
 15. MAIDEN NAME Martha Casto
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ohio

17. INFORMANT Miss Maude Morris
 (ADDRESS) 5609 King Hill Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE Dec. 18, 1931

19. UNDERTAKER Fred S. Clark
 (ADDRESS) 5025 King Hill Av.

20. FILED DEC 17 1931 John R. Bender Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis Plum 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) C. S. Trauman M. D.
 (Address) 1012 W. Moore

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