

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Lukes Hospital)

File No. 19667
Registered No. 2477
St. _____ Ward _____

2. FULL NAME Mrs Marion Putnam Morton

(a) Residence, No. 5226 Paseo St., 15 Ward.

(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 O. W. Morton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>30</u>	<u>5</u>	<u>28</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. <u>235</u>
	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) Texas

FATHER 13. NAME Gerrie P. Putnam

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER 15. MAIDEN NAME May Harrell

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT O. W. Morton
(ADDRESS) K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE El Paso, Texas DATE 6-23-32 19

19. UNDERTAKER Freeman Mortuary
(ADDRESS) K. C. Mo.

20. FILED 9/22 1932 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22-32 1932

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1932, to June 21, 1932.

Last saw h. alive on June 21, 1932. Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

General Peritonitis
Pneumonia right lung -
June 22-32 - with
39C
29

Date of onset

June 22
32

Other contributory causes of importance:

Septic Eczema - metritis
Unable to determine origin

①

Name of operation Curetage Date of June 19-32

What test confirmed diagnosis? Autopsy Was there an autopsy? yes
+ pathol report -

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) F. Chatur, M. D.
(Address) 915 Argyle Bldg

9.15 Argyle Bldg

12 to 1

2 to 4

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. 2477
City..... (No. St. Louis Wards) St. Ward)

2. FULL NAME

Mrs Marion Putnam Morton
(a) Residence, No..... 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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.....
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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 6/22 32 M. M. Cronin Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1932

22. I HEREBY CERTIFY That I attended deceased from

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

General Peritonitis with pneumonia of lungs being further broncho or lobar
Other contributory causes of importance:
hypertensive cardiovascular disease with fibrin work

Name of operation..... Date of.....
What was confirmed diagnosis..... Was there an autopsy.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide....., 19.....

Where did injury occur..... (Specify city, precinct, county, and State)
Specify whether injury occurred in factory, or 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) F. C. L. Mar, M. D.
(Address) 915 Argonne Rd

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

19667