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.

NOV 23 1932

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

Do not use this space.

32148

1. PLACE OF DEATH

48 County JACKSON — Registration District No. 398 — File No.

5 Township Blue — Primary Registration District No. 3019 — Registered No. 320

8 City INDEPENDENCE (No. INDEPENDENCE SANATARIUM St. Ward)

2. FULL NAME WILLIAM HENDERSON Morris

(a) Residence, No. 1229 MAYWOOD St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M1
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: GRACE MORRIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): APRIL 10-1873

7. AGE: YEARS 59 — MONTHS 6 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: CONTRACTOR.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: BUILDING 27
10. Date deceased last worked at this occupation (month and year): UP TO PRESENT
11. Total time (years) spent in this occupation: 30 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST CHARLES MO

FATHER

13. NAME: JAS F MORRIS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLS

MOTHER

15. MAIDEN NAME: IRENE BORRAM
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLS

17. INFORMANT (ADDRESS): I. O. OLIPHANT GILLMAN CITY MO

18. BURIAL, CREMATION, OR REMOVAL PLACE: GALLATIN MO DATE: OCT 24 1932

19. UNDERTAKER (ADDRESS): D.W. NEWCOMER'S SONS K.C. MO.

20. FILED: 10-24 1932 F L Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dep-Coroner, 19....

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:

Ruptured ~~Stomach~~ Liver — Date of onset

206 M w/ Stomach

206

Other contributory causes of importance:

Automobile w/ RR Train

Traumatism

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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? Arlington & C&A RR (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: RR accident Plus Auto

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? (7)

If so, specify.....

(Signed) [signature], M. D.

(Address) Indep. Mo