

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

Do not use this space.

13490

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Kaw Primary Registration District No. 1000
 City K.C. Mo. (No. Mercy Hospital) St. _____ Ward _____

File No. _____
 Registered No. 1826
 St. _____ Ward _____

2. FULL NAME

Georgeanna Morrison

(a) Residence, No. 1932 West 48th St. St. _____ Ward. Kansas City, Kansas
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Kansas

FATHER 13. NAME Geo. Guy Morrison

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

MOTHER 15. MAIDEN NAME Anna Lee Chase

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

17. INFORMANT Geo. G. Morrison, (ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 4-25 '33

19. UNDERTAKER R. V. Lindsey & Sons, Inc (ADDRESS) Kansas City, Mo.

20. FILED Apr 25 '33 m.m. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24-33, 19

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1933, to April 24, 1933
 I last saw her alive on April 24, 1933 Death is said to have occurred on the date stated above, at 10AM m.
 The principal cause of death and related causes of importance were as follows:

107A
Broncho-pneumonia
115A
Pharyngitis
 Date of onset Apr 23 '33

Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? Examination 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) August H. Ferguson
 (Address) 9313 Professional Bldg

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.

