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.

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

Do not use this space.

29738

File No. 3662

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. 3660 Summitt St. Ward)

2. FULL NAME CARRIE L. MORRISON

(a) Residence, No. 3660 Summitt 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dr. Henry C. Morrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): No information

7. AGE: about 80 YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

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): no information

FATHER

13. NAME: John Morrison

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

MOTHER

15. MAIDEN NAME: Susan Blair

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

17. INFORMANT (ADDRESS): Mrs. F. B. Clark (niece) Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt. Washington Cem. DATE: 9-16-1933

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza

20. FILED: 9-16, 1933 M. M. Crowe asst Registrar.

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2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to Sept 13, 1933

I last saw her alive on Sept 13, 1933. Death is said to have occurred on the date stated above, at 7:20 P.m.

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

	Date of onset
Acute Myocarditis	6/8-33
93 C	
93 A	

Other contributory causes of importance:

Chronic Myocarditis	several years

Name of operation: none Date of —

What test confirmed diagnosis? Symptoms + History 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) J. W. Grauenholz, M. D.

(Address) 3605 Broadway, K.C. Mo.