JUL 31 1937

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

Do not use this space.

96

1. PLACE OF DEATH
County Saint Louis
Township Carondelet
City Jefferson-Barracks (No. V A F. St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. 24910
Registered No. 252

2. FULL NAME John F. MORRIS

(a) Residence, No. 5966 Kennerly Avenue St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married-separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 15, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	43	5	2	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Anna
(STATE OR COUNTRY) Illinois

FATHER
13. NAME John Morris
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Connecticut

MOTHER
15. MAIDEN NAME Margaret O'Keefe
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

17. INFORMANT Clinical Clerk M. Schulig
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE June19, 1937

19. UNDERTAKER C. Hoffmeister Und. & L. Co.
(ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED June 18, 1937 G. Mowry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937, to June 17, 1937
I last saw him alive on June 17, 1937. Death is said to have occurred on the date stated above, at 2:45 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis, chronic	unkn.
Other contributory causes of importance:	
Broncho-pneumonia, bilateral	unkn.

Name of operation None Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory 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?
If so, specify
(Signed) C. W. HUGHES, Chief Med. Officer M. D.
(Address) VAF Jefferson Barracks, Mo.

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.

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