

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.

JAN 17 1938

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

Do not use this space.

44130

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Mary's Hospital)

File No. _____
Registered No. 5033
St. _____ Ward _____

2. FULL NAME Rollo G. Morris

(a) Residence, No. Pittsburg, Kas. St. _____ Ward _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Mrs. Alice T. Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 0 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, Sawyer, bookkeeper, etc. Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer
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 Lewis Morris

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

MOTHER 15. MAIDEN NAME Willa Edsell

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

17. INFORMANT Mrs. Alice T. Morris (ADDRESS) Pittsburg, Kas.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pittsburg, Kas. DATE 12/14/37

19. UNDERTAKER Freeman Mortuary & Chapel (ADDRESS) Kansas City, Mo.

20. FILED Dec 14 37 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1937

22. I HEREBY CERTIFY That I attended deceased from 10-17-37 to 12-14-37

I last saw him alive on 12-14-37 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 care not adequate
Primary organ not determined
Other contributory causes of importance: 53

Name of operation none Date of _____
What test confirmed diagnosis fluoride Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 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) W. M. Miller, M. D.
(Address) 700 Argyle

MAY 18 1948