

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON
Township KAW
City KANSAS CITY (No. 3732, VIRGINIA)

Registration District No. 399
Primary Registration District No. 1002

File No. 1602
Registered No. 290 (Ward)

2. FULL NAME

James Henderson MORRIS

(a) Residence, No. 3732 VIRGINIA St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MM 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF AMANDA J. MORRIS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-6-1843

7. AGE YEARS 94 MONTHS 8 DAYS 12 IF LESS than 1 day,hrs. ormin.

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

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 20 YRS.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Kentucky

13. NAME John Mounts MORRIS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Kentucky

15. MAIDEN NAME Catherine Denny

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Kentucky

17. INFORMANT (ADDRESS) MRS. Belle MORRIS 3732 VIRGINIA

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest H. 11 DATE JAN. 20 1938

19. UNDERTAKER (ADDRESS) D.W. Newcomer's Sons 2105 PINE CREEK + PASEO

20. FILED Jan 19 1938 M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1937 to January 18, 1938

I last saw him alive on January 15, 1938. Death is said to have occurred on the date stated above, at 7:05 p.m.

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

Intestinal obstruction
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Date of onset Nov. 1937

Other contributory causes of importance: Aneurysm of the abdominal aorta - Nov. 1937

Name of operation - none - Date of Nov. 1937

What test confirmed diagnosis? Physical Exam 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) Graham Asher, M. D. (Address) 1220 Professional Bldg

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.

RECEIVED

FEB 1⁰ 1938

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