FEB 16 1938

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

Do not use this space.

File No. 4162
Registered No. 52

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 96
Township: — Primary Registration District No.
City: Jefferson Barracks (No. Vet Hosp. St. Ward)

96

2. FULL NAME James D. Morrison 625

(a) Residence, No. 3840 Page Ave., St. St., Ward. 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ada A. Morrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 6, 1864

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
73	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector
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) New Orleans, Louisiana

FATHER

13. NAME Not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

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

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE 1/10/38, 19

19. UNDERTAKER Cullen & Kelly
(ADDRESS) 1416 N. Taylor Ave.

20. FILED 1-8, 1938 THEODORE R. MEYER, M. D., Registrar
Deputy State Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1938 to January 7, 1938
I last saw him alive on January 7, 1938. Death is said to have occurred on the date stated above, at 12:20 x AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized	Unkn.
Other contributory causes of importance: Hemiplegia, left, incident to cerebral hemorrhage	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, Missouri

N.B.—Every item of information should be carefully supplied. NOTHING should be stated that is not strictly in accordance with the facts. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

I Clement McNeary Licensed Embalmer No. 3732 hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me.

Signed Clement McNeary
Licensed Embalmer No. 3732.