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 20 1937

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

791

1003

Do not use this space.

46293

File No.

Registered No. 12079

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No.) 2567 W. Helen St. (St.) (Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Lonnie Morris

(a) Residence, No. 3567 W. Helen St. St., 20 Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND of
(OR) WIFE OF, William Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 20 1885

7. AGE: YEARS 51 | MONTHS 7 | DAYS 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Harrisonville Mo

FATHER

13. NAME Joseph Estes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Emma Cunningham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) William Morris 3567 W. Helen St.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Dec. 9 1936

19. UNDERTAKER (ADDRESS) J. J. Lucy 1533 N. Grand Blvd.

20. FILED DEC 9 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 6th 1936, to Dec 6th 1936

I last saw h.. alive on Dec 6th 1936. Death is said to have occurred on the date stated above, at 1 A m.

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

	Date of onset
Myocarditis C	Not known
H S	

Other contributory causes of importance:

Malignant abdominal Tumor (of uterus)	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) O. S. O'Connor, M. D.

(Address) 814 A m Grand