

Family:

Morris

1 Husband's Full Name #8/9			Wife's Full Name T		
David Porter Morris			Edith M Walker		
Age at Death: 68	Married: 31 Jul 1906		Newton/MO		Age at Death: 63
Birth/Location	8 Sep 1883 Newton / MO		Birth/Location	13 Dec 1887 Sweetwater/Newton/MO	
Death/Location	7 Apr 1952 Springfield/Greene/MO		Death/Location	21 Nov 1951 Springfield/Greene/MO	
Cemetery	Mt Zion Cemetery		Cemetery	SAME	
Cem. Loc	Springfield/Greene/MO		Cem. Loc	SAME	
FAG #			FAG #		
Occupation			Occupation		
Death Cert / Cause?			Death Cert / Cause?		
Arrived/US			Arrived/US		
Misc. Notes			Misc. Notes		
Father Full Name: B/D: 1840-1900 George Henry Morris MO			Father Full Name: B/D: UNK		
Mother Maiden Name: B/D: 1847 TN Mary Anna "Nan" Coble 1910 MO			Mother Maiden Name: B/D: UNK		
Born Date/Location:	Children:	Wedding Date:	Spouse Name	Spouse B/D Years	Death Date/Location:
1908 MO	Troy				
1910 MO	Leland				
25 Feb 1913 MO	Champ Noel				21 Dec 1970 Joplin/Jess/MO
18 Jan 1918 Sweetwater/MO	Mabel Cleo				16 Feb 1999 Springfield/MO
1920 MO	Midge Maxine				14 Oct 1981 CA
2 Feb 1928 /TX /MO	Gerald Douglas				15 Jan 1985 Oswego / KS

FILED APR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8041

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 349

1. PLACE OF DEATH
a. COUNTY Green

b. CITY (If outside corporate limits, write postal and five digit zip code) Springfield

c. LENGTH OF STAY (In this area) 4 Weeks

d. FULL NAME OF (If kept in hospital or institution) St. Rose

2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)
a. STATE Missouri
b. COUNTY Green
c. CITY (If outside corporate limits, write postal and five digit zip code) Springfield 0396
d. STREET ADDRESS (If kept in institution) P.O. 40

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) David Porter Morris

4. DATE OF DEATH (Day) (Month) (Year) April 7 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Date) Never

8. DATE OF BIRTH (Day) (Month) (Year) Sept 8 1883

9. AGE (In years or months if under 1 year) (Days if under 1 month) (Hours if under 1 day) 68 7 7

10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) Painting

10b. KIND OF BUSINESS OR INDUSTRY Painting

11. INFORMANT'S SIGNATURE OR NAME Miss Mrs. Helen J. Grogan ADDRESS 1101 E. 12th St. Springfield, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. OTHER'S NAME Geo. Morris 13b. MOTHER'S MAIDEN NAME Not known 14. NAME OF HUSBAND OR WIFE Edith Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type of or unknown) (If yes, give war or date of service) No No

16. SOCIAL SECURITY NO. None

17. MEDICAL CERTIFICATION (a) Coronary Vessel Disease (b) None (c) None

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Vessel Disease (b) None (c) None
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
*This does not mean (the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME (Month) (Day) (Year) (Hour) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 191 to 191 and that death occurred at St. Rose from the causes and on the date stated above.

23. SIGNATURE (Type or Print) Dr. E. J. ... 23b. DATE SIGNED 4-7-52

24a. BIRTH OR REMOVAL (Type or Print) Removal 24b. DATE 4-7-52 24c. NAME OF CEMETERY OR CREMATORY St. Rose 24d. LOCATION (City, Town, or County) Springfield

25. FUNERAL DIRECTOR'S SIGNATURE Wm. ... ADDRESS _____

DATE RECD BY LOCAL REG. 4-11-52

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1
David Porter Morris
1883-1952 (68)

(Licensed Registrar's Statement on Reverse Side)