

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

19742

1. PLACE OF DEATH
 County Jackson Registration District No. 369 File No.
 Township Flaw Registration District No. 002 Registered No.
 City Kansas City (No. 3026) Sullivan St. Ward)

2. FULL NAME Suzette Morgan
 (a) Residence. No. 3026 Sullivan St., Ward.
 (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 2 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 29 - 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 18

8. OCCUPATION-OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) none
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1919

17. I HEREBY CERTIFY, That I attended deceased from June 17 1919 to June 17 1919, and that I last saw her alive on June 17 1919, and that death occurred, on the date stated above, at 210 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Erysipelas extending over entire body
151
 (duration) yrs. mos. 14 ds.

CONTRIBUTORY some superficial abscess (SECONDARY)
vagina (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E. S. Merriman M. D.

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER Lewis K Morgan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) no
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bessie Bullock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) no
 (STATE OR COUNTRY)

14. INFORMANT Lewis K Morgan
 (Address) 3026 Sullivan

15. FILED 6/18 19 19 Ada Jmas REGISTRAR
Ldp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Smithville Mo DATE OF BURIAL June 19 1919

20. UNDERTAKER Elyer Bros ADDRESS 1401 Main

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.

