WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

24279

File No. .....

Registered No. 7444

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 003

City St. Louis (No. City Hospital ..... St. ..... Ward)

5089

2. FULL NAME William Morgan

(a) Residence. No. 4149 Olive St., 19 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 4 1873

7. AGE: Years 52, Months 9, Days 18. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER William Morgan Sr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Mary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

14. INFORMANT Chas Morgan
(Address) City Hospital

15. FILED JUL 26 1926 19 Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1926

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1926, July 22, 1926 that I last saw h. 1 alive on July 22, 1926, and that death occurred, on the date stated above, at 10 45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 31

(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) Geo. Vlecker, M.D.

7/22, 1926 (Address) City Hospital

*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: Trenton N J

DATE OF BURIAL: 7/26 1926

20. UNDERTAKER: A Ellis S No Delmar

ADDRESS

Morgan

State of Missouri, of the second part.

WITNESSETH: That the said.....

public school of said District for the term of.....months, com

day of....., 192....., for the sum of.....dolla

and that for services properly rendered and reports correctly made, a

to issue warrants upon the.....

.....for the amount of wa

This Contract is subscribed to with a full understanding of Sections

11160, 11161, 11211, 11222, 11223, 11227, 11349, 11358, 11359, 11360, 1

Done by order of the Board, this.....day of.....

.....

.....

Attest: ....., District C

.....District Clerk.

HUGH STEPHENS PRESS JEFFERSON CITY X7484

TEACHER'S CONTE

Section 11137, R. S., 1919

THIS AGREEMENT, made the.....day of.....

....., a legally qualified public s

the School Board of District No....., County of.....

State of Missouri, of the second part.

WITNESSETH: That the said.....

public school of said District for the term of.....months, com

day of....., 192....., for the sum of.....dolla

and that for services properly rendered and reports correctly made, a