MAY 28 1927

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

Do not use this space.

12180

1. PLACE OF DEATH Lafayette

County ..... Registration District No. 464 File No. 12

Township Washington Primary Registration District No. 3626 Registered No. 21

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Rachel Morgan

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

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): ~~1872~~ 1895

7. AGE: Years 32 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

(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): Lincoln Co. Mo.

PARENTS

10. NAME OF FATHER: Cy Dixson

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT (Address): Curtis Morgan Mayview, Mo.

15. FILED May 10, 1927 R. C. Schooler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 26 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1927, to April 26, 1927, that I last saw her alive on April 20, 1927, and that death occurred, on the date stated above, at 1:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis

11B

9103

90a

(duration) — yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY)

Influenza (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Burgess, M. D

4/27, 1927 (Address) Higginsville Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Heber

DATE OF BURIAL: 4/28/27

20. UNDERTAKER: A. H. Hoder

ADDRESS: Higginsville, Mo.

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.