

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

Do not use this space.

AUG 1 1927

20724

1927

PLACE OF DEATH

County Buchanan Registration District No. 85
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. Dealers Hood)

File No. _____
Registered No. 743
St. _____ Ward _____

2. FULL NAME

Bertrude Morgan

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Eunoy Morgan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9th 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 38 11 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Union Missouri

(STATE OR COUNTRY)

10. NAME OF FATHER

Geo. Vaughn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Union Missouri

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Emma M. George

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Union Missouri

(STATE OR COUNTRY)

14. DECEASED Eunoy Morgan
(Address) Dealers No

15. FILED Wm G. Whill
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1927

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1927 to July 22, 1927 that I last saw him alive on July 22, 1927, and that death occurred, on the date stated above, at 3/304 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Appendicitis 121 B
2 Gall Stones 16h B
3 Broken down fibrous of uterine 1st B
(duration) 3 B 10 mo. per. da.

CONTRIBUTORY (SECONDARY)

11710

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH: Dealers, Mo.

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 18-1927
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation & Clinical
symptoms Camp P. M., M. D.
(Signature) (Address) 731 Forum

*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 Sharp Cemetery DATE OF BURIAL 7/24 1927

20. UNDERTAKER J. L. Stingley ADDRESS 216 So. 10th

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.

