

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

Do not use this space.

26780

OCT 25 1927

**1. PLACE OF DEATH**

County Clay  
Township Fountain River  
City Excelsior Springs

Registration District No. 198  
Primary Registration District No. 3011

File No. \_\_\_\_\_  
Registered No. 114  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Addie A Morgan  
(a) Residence, No. Excelsior Spgs. Sanitarium Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 25 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28 - 1870

7. AGE Years 57 Months 8 Days 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Calhoun Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Miles Henry

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

12. MAIDEN NAME OF MOTHER Sallie Robinson

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

14. INFORMANT J W Morgan  
(Address) Excelsior Springs

15. FILED 9/30 1927 Y. W. Crow REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-30 1927

17. I HEREBY CERTIFY That I attended deceased from 8-29, 1927, to 9-30, 1927 that I last saw her alive on 9-27-9:00 a.m., 1927, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Uterus

CONTRIBUTORY (SECONDARY) General debility  
(duration) Not Known yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? exam  
(Signed) H J Clark, M. D.  
(Address) Excelsior Springs Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wamego, Kans. DATE OF BURIAL Oct 2 1927

20. UNDERTAKER John E Prasho ADDRESS Exc Spgs

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Cause of death should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

