

**MISSOURI STATEBOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

5293

PLACE OF DEATH

County Jackson
Township Prairie
City (No. _____) _____

Registration District No. 400
Primary Registration District No. 5553B

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME William H. Morgan

(a) Residence No. Jackson Co. Kansas Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 11 mos. 21 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

Male White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>About</u>	<u>77</u>	<u>5</u>	<u>46</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY) N. Y.

10. NAME OF FATHER Beverly S. Morgan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
(STATE OR COUNTRY) N. Y.

12. MAIDEN NAME OF MOTHER Frances Bancroft

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

14. INFORMANT J. H. Hostetter
(Address) 1414 Jackson Co. Home, Jackson, Mo.

15. FILED 2-24-28 J. M. Schick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-24-1928

17. I HEREBY CERTIFY That I attended deceased from you 15 1928, to Feb. 24 1928 that I last saw h. alive on Feb. 27 1928 and that death occurred, on the date stated above, at 9:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myo. Carditis

CONTRIBUTORY (SECONDARY)

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) J. W. Greene M. D.
, 19 28 (Address) Independence Mo

*State the DISEASE CAUSING DEATH, if 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 _____ DATE OF BURIAL _____

Manchester Iowa Feb 25 1928

20. UNDERTAKER **A. J. DEHNER MORTUARY** ADDRESS T. G. Me

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.

MAR 19 1928

MISSOURI STATEBOARD OF HEALTH

