MAY 29 1928

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.

12396

85

1001

File No.

Registered No. 512

1. PLACE OF DEATH

County: Buchanan

Registration District No.

Township:

Primary Registration District No.

City: St. Joseph, (No. 2618 Monterey St. St. Ward)

2. FULL NAME: Raychel R. Morgan

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

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Divorced

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF M. Morgan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug, 11, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	30	8	11	

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)
(STATE OR COUNTRY) Gentry Co, Mo.

PARENTS

10. NAME OF FATHER Joseph Brown

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

12. MAIDEN NAME OF MOTHER Lillie M. Stewart

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

14. INFORMANT Mrs. Lillie M. Brown
(Address) 2618 Monterey St.

15. FILED APR 24 1928 19 John H. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr, 22, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1928, to April 22, 1928, that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 10.40 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lumpha Mrumgettes
7yr old
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) No Facts Known
(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) G. John H. Wessler, M. D.
4/23, 1928 (Address)

*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	DATE OF BURIAL
Albany, Missouri	April 25 1928

20. UNDERTAKER Walter Meinhoffer
ADDRESS 1302 Faraon St.