JUN 1 1928

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

Do not use this space.

13851

1. PLACE OF DEATH
County Lafayette
Township Freedom
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 457
Primary Registration District No. 5691 B

File No. .....
Registered No. 11

2. FULL NAME Inez 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 White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	5	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kerr
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Rotensill Brook
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kerr
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mrs Wood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kerr
(STATE OR COUNTRY)

14. INFORMANT George Morgan
(Address) Aullville Mo

15. FILED 4-10, 1928 Ferdinand Shryman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1928

17. I HEREBY CERTIFY, That I attended deceased from March 28, 1928, to April 7, 1928 that I last saw her alive on April 7, 1928, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Appoplexy

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) W. C. Webb, M. D
April 9, 1928 (Address) Higginsville

*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 City Cemetary
DATE OF BURIAL April 9 1928

20. UNDERTAKER A S Hoder
ADDRESS Higginsville

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.