WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1. PLACE OF DEATH

County........ Registration District No. 791 / 1003 File No. 22390

Township........ Primary Registration District No. .... Registered No. 6582

City St. Louis (No. 4496 Laclede Ave ....St. ....Ward)

2. FULL NAME Eunice Morgan

(a) Residence. No. 4496 Laclede Ave St. 19 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 13 1866

7. AGE: YEARS 61 MONTHS 7 DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School teacher
(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) Missouri

PARENTS

10. NAME OF FATHER J. W. Morgan

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

12. MAIDEN NAME OF MOTHER Eliza Ellegood

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

14. INFORMANT Mrs. May Ellegood
(Address) Sedalia Mo.

15. FILED JUN 22 1928 .... 19.... Wm. C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1928, to June 22, 1928, that I last saw her alive on June 21, 1928, and that death occurred, on the date stated above, at 12.20 A.m.

THE CAUSE OF DEATH* was as follows:

Cancer of Pelvic Colon.

45

(duration) ....yrs. 7 mos. ....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) Jno. W. Heydelotte, M. D

June 22, 1928 (Address) 408 Lister Bldg

*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 St. Trinity Cem. DATE OF BURIAL June 23 1928

20. UNDERTAKER Jos. W. Clark ADDRESS 1125 Hodiamont Ave.