

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

Do not use this space.

32019

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 1003

Registered No. 9280

City St. Louis, Mo. No. 5374 N. King Highway

St. .... Word)

**2. FULL NAME**

Annis Morgan

(a) Residence. No. Landon Mills Illinois 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 Chas. Morgan (Deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 17, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77      7      29

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

9. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Wisconsin

10. NAME OF FATHER George Douglas

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

12. MAIDEN NAME OF MOTHER Mary Jones

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

14. INFORMANT Myo W. A. Rendow  
(Address) Landon Mills Illinois

15. FILED 18 May 1928  
19. May 1928 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

that I last saw b. .... alive on ..... 19....., and that death occurred, on the date stated above, at ..... 8:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Shock & Injury (Punctured Skull)  
Caused by falling down

CONTRIBUTORY CAUSES: Accident

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: No

DID AN OPERATION PRECEDE DEATH? No DATE OF

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) D. Witt  
1/2 1928 (Address) Corcoran

\*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 Corning Iowa DATE OF BURIAL 9/19/1928

20. UNDERTAKER Petz Brothers - 3024 Lafayette ADDRESS

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.

