

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.

Thursday 1st Oct. 1928
531 Argyle, Bldg.

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

Do not use this space.

33528

1. PLACE OF DEATH
 County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City K. C. Mo. (No. 1700 Prospect) St. _____ Ward _____

2. FULL NAME Mrs Minnie E. Morgan
 (a) Residence No. 1700 Prospect 11th Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. 4057
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-15-1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>57</u>	<u>11</u>	<u>19</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Homemaker
 (b) General nature of industry, business, or establishment in which employed (or employer) none
 (c) Name of employer _____

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

PARENTS

10. NAME OF FATHER Wm Henderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

14. INFORMANT W. M. G. Cauley
 (Address) 1700 Prospect

15. FILED 10/6/28 M. M. Cume
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-4-1928

17. I HEREBY CERTIFY, That I attended deceased from April 1928, to Oct 4 1928
 that I last saw him alive on Oct 2 1928, and that death occurred, on the date stated above, at 6:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rupture aortic aneurism (rupture through aortic wall) from syphilis
 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Deep Ulcer
 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT A PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Inspection
 (Signed) Clarence M. Day, M. D.
10/5/28 (Address) 537 Argyle 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 Elmwood Cem. DATE OF BURIAL 10-6-28
 19 _____

20. UNDERTAKER J. V. Mast Underw. ADDRESS _____

