

EC 26 1928

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

Do not use this space.

36154

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph(No. Mercy Hospital)File No. 1331Registered No. 1331St. Ward2. FULL NAME Len J. Morgan(a) Residence. No. 1820 Savannah Ave. St. Ward.
(Usual place of abode)Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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 OFMaude L. Morgan6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 28, 1878

7. AGE

YEARS

49

MONTHS

10

DAYS

26If LESS than 1
day, hrs.
or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workManager(b) General nature of industry,
business, or establishment in
which employed (or employer)Safe Deposit Vaults

(c) Name of employer

First National Bank9. BIRTHPLACE (CITY OR TOWN) Spirit Lake,
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER

Frederick Morgan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

West Virginia

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Mrs. L. J. Morgan
1820 Savannah Avenue

15.

FILED

NOV 26 1928

1928

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 24 1928

17.

I HEREBY CERTIFY That I attended deceased from June, 1923, to Nov. 24, 1928.
that I last saw him alive on Nov. 24, 1928, and that
death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sub-lingual and bronchial
submucous and intra-muscular
hemorrhage
(duration) yrs. mos. da. 3 7 11CONTRIBUTORY
(SECONDARY)hemophilia
all his life (duration) yrs. mos. da. 11 4 11

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 coagulation test(Signed) M. L. Starck, D.O., M. D.11/26, 1928 (Address) 412 Schneider 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

DATE OF BURIAL

Ashland CemeteryNov. 26, 1928

20. UNDERTAKER

ADDRESS

Heaton-Bellale & Bowman 319 S. 10 St.
by J. M. Harte Secured Home

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.

