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.

205576

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

Do not use this space.

40691

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399 — File No.

Township Raw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. St. Mary's Hospital St. Ward)

**2. FULL NAME** Mary D. Morgan

(a) Residence. No. 5119 Bellefontaine St., 16 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | Whiie | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 13, 1853

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 74 | 11 | 28 | |

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

9. BIRTHPLACE (CITY OR TOWN) St. Josephm Mo
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Stephen Hughes

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

12. MAIDEN NAME OF MOTHER Mulhall

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

14. INFORMANT Alfred L. Morgan
(Address) 5119 Bellefontaine

15. FILED 12/12, 1928 M. M. Crowe Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** 4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1928

17. I HEREBY CERTIFY, That I attended deceased from 10. 7, 1928, to 12 11, 1928 that I last saw her alive on 12.10, 1928 and that death occurred, on the date stated above, at 1.45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Embolis
181 H
194 B
Sudden death (duration) 100 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Fracture of R Hip & Femoral Phlebitis (duration) yrs. 2 mos. ds.
Accidental Fall

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? X Ray & Autopsy
(Signed) F. L. Wilson, M. D.
12/12, 1928 (Address) 4748 Prospect

*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 |
|---|---|
| Mt. Morian Cemetery | 12/13/28 |
| 20. UNDERTAKER R.V.Lindsey & Sons | ADDRESS K C Mo |