FEB 25 1929

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

Do not use this space.

2710

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1. PLACE OF DEATH
County Newton — Registration District No. 611 — File No.
Township Seneca — Primary Registration District No. 5812 — Registered No.
City (No. , St. Ward)

2. FULL NAME Eugene Ray Morgan Twin
(a) Residence. No. St. 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28-1929

7. AGE — YEARS | MONTHS | DAYS 2 | If LESS than 1 day, 14 hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Seneca
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Raymond Morgan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Seneca
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Lila Jones Feb 1, 1929
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas

14. INFORMANT Raymond Morgan
(Address) Seneca Mo

15. FILED 2/5, 1929 C E Norris REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1929, to Jan 30 1929, that I last saw him alive on Jan 29, 1929, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
7 Mo. Baby
(Premature)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1610
(duration) yrs. mos. ds.

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?
(Signed) T. B. Duemler, M. D
(Address) Seneca, Mo.

*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: Seneca Cemetery — DATE OF BURIAL: 1-31 1929

20. UNDERTAKER: B W Buzzard — ADDRESS: Seneca Mo.

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.