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

Do not use this space.

11458

File No. .....
Registered No. .....

1. PLACE OF DEATH
County McDonald Registration District No. Dr Lamson 147
Township Buffalo Primary Registration District No. 5689
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Ray Morgan

(a) Residence. No. ..... St., ... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6 1927

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	7	13	

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

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

PARENTS
10. NAME OF FATHER Floyd Morgan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Stella Hale
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky

14. INFORMANT Floyd Morgan
(Address) Goodman Mo

15. FILED 4/10 1929 Chas W Williams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/19 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1929, to Mch 19, 1929 that I last saw h. alive on ....., 19....., and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
10 D (duration) ..... yrs. 1 mos. 16 ds.

CONTRIBUTORY (SECONDARY) .....
..... (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) R C Lamson, M. D
3/20, 1929 (Address) Neosho 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~~ Howard Cemetery DATE OF BURIAL 3/20 1929
20. UNDERTAKER Bryhamis ADDRESS Neosho

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.