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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 30125
Township — Primary Registration District No. 1001 — Registered No. 1073
City St Joseph (No. Mo Meth Hosp. St. Ward)

2. FULL NAME Stella Morgan
(a) Residence. No. St., Ward. Hoyt Kans
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23 1877

7. AGE — YEARS 52 — MONTHS 2 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Work
(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) Iowa

PARENTS
10. NAME OF FATHER Robert D. Morgan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Anna Leary
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa

14. INFORMANT (Address) Miss Della Morgan Troy Kans

15. FILED SEP 26 1929 John G. Jitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15 1929

17. I HEREBY CERTIFY, That I attended deceased from 9-15- 1929, to 9-15- 1929 that I last saw her alive on 9-15-29 1929 and that death occurred, on the date stated above, at 5 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal obstruction
1 VVB Volvulus
133 B
118 B1 (duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY)
Displaced kidney (duration) yrs. mos. ds. — unknown

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Bathrop, Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9-15-29
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Paul Tongman, M. D.
9/16, 1929 (Address) St Joseph, 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 Stewartsville Mo — DATE OF BURIAL 9/17 1929

20. UNDERTAKER Heeman Funeral Home 6-1471 — ADDRESS 1946 Colhoun

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

22 1929

234

2