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.: 161
Township: Primary Registration District No.: 1001 Registered No.: 3
City: St. Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: Walker M Morgan
(a) Residence. No. St., Ward. 12 Miles North of Savannah Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): November 24, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	62	1	7	

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

9. BIRTHPLACE (CITY OR TOWN): Scott Co.
(STATE OR COUNTRY): Kentucky

PARENTS
10. NAME OF FATHER: John W Morgan
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Sarah Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Mrs Lizzie Morgan
(Address) Savannah Mo R.F.D

15. FILED 1930 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): January 1 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 28 - 1929, to Jany 1st 1930 that I last saw him alive on 10 P am Jany 1, 1930, and that death occurred, on the date stated above, at 12/40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholo-cysto-Lithiasis
12 h
1 yr
(duration) don't know yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Septic-Peritonitis
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Country near Savannah
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 28-1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Operative
(Signed) W. J. Elam, M. D.
Jan. 2, 1930 (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: Long Branch Cemetery
DATE OF BURIAL: Jan. 3 1930

20. UNDERTAKER: H. O. Sidenfadene
ADDRESS: 1802 Union St.

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.