

MAR 27 1930

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

Do not use this space.

5378

1. PLACE OF DEATH

County Jasper
Township
City Jasper (No. 1619 Penn)

Registration District No. 411
Primary Registration District No. 2009

File No.
Registered No. 90
St. Ward

2. FULL NAME

(a) Residence. No. May Adeline Morgan
(Usual place of abode) St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 31 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House duties
(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)
Ash Grove Mo.

10. NAME OF FATHER J. J. Carrick

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

12. MOTHER'S NAME OF MOTHER Mary Ann

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

14. NAME OF DECEASED Mrs. Adeline Morgan
(Address) Ash Grove Mo.

15. FILED 2/25/30 A. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 - 24, 1929, to Feb 23, 1930 that I last saw him live on 2-23-30 and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of the uterus
48 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 46 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. E. Craig, M. D.
24, 1930 (Address) Ash Grove 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 DATE OF BURIAL
Carterville Penn 2/24 30

20. UNDERTAKER ADDRESS
Harless U Co Ash Grove 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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