SEP 22 1930

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. 25918

Township Primary Registration District No. 1001 Registered No. 909

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Maggie N. Morgan

(a) Residence. No. 3115 North 9 Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 21, 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
73	3	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: Jonathan Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): North Carolina

12. MAIDEN NAME OF MOTHER: Elizabeth Crupper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Kentucky

14. INFORMANT: David Morgan
(Address) 3115 No. 9 St.-St. Joseph Mo.

15. FILED 8/8, 1930 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): August 5 1930

17. I HEREBY CERTIFY, That I attended deceased from VIEwed August 6th, 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at Unknown m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidently Burned in fire at Home, 3115 North 9 street. Fire caused by kerosine stove turning over.

House Partly Burned up.

CONTRIBUTORY (SECONDARY) 180 (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) B. W. Tadlock Coroner M. D.

Aug. 6, 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: McFall Missouri

DATE OF BURIAL: Aug. 7 1930

20. UNDERTAKER: H. O. Sidenfaden

ADDRESS: 1802 Union St.

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.