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

Do not use this space.

28811

1. PLACE OF DEATH
County: Schuyler — Registration District No.: 802 — File No.:
Township: Independence — Primary Registration District No.: 6047 — Registered No.:
City: (No. St. Ward)

2. FULL NAME: Edna Rose 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: Fem
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 28 1899

7. AGE: Years 31 — Months 4 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(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): Mo

PARENTS
10. NAME OF FATHER: Albert Morris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Mary Hinkle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Silas Morgan
(Address): Downing Mo

15. FILED: Jan 26, 1930. J B Bridges, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1930, to Aug 25, 1930 that I last saw her alive on Aug 25, 1930, and that death occurred, on the date stated above, at 6.50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Suicide (Strychnia)
163E
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 2 hours
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J B Bridges, M. D
19 (Address) Downing 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: Brushy Cem — DATE OF BURIAL: Aug 27 1930

20. UNDERTAKER: Robert O Moore — ADDRESS: Downing 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.