

OCT 30 1930

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

Do not use this space.

30450

1. PLACE OF DEATH

County Livingston
Township
City Chillicothe (No.)

Registration District No. 508
Primary Registration District No. 3026

File No.
Registered No. 229
St. Ward)

2. FULL NAME Erwin P. Morgan

(a) Residence. No. 419 - Park St. 2 - Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Bertha Morgan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 15

8. OCCUPATION OF DECEASED (agent -)
(a) Trade, profession, or particular kind of work Insurance
(b) General nature of industry, business, or establishment in which employed (or employer) American
(c) Name of employer Benovelant Society

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russelville Ky.

10. NAME OF FATHER Pierpont Morgan

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

12. MAIDEN NAME OF MOTHER Maldine Mason

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

14. INFORMANT Mrs. Bertha Morgan (Address) Chillicothe Mo.

15. FILED 10/2 1930 R. Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 30 1930 to Sept 30 1930 that I last saw him alive on Sept 30 1930, and that death occurred, on the date stated above, at 8:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina pectoris

CONTRIBUTORY (SECONDARY) hypertension (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) R. P. Barryman M. D.

10/2 1930 (Address) Chillicothe 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 Edgewood, Cem. DATE OF BURIAL Oct. 4 1930

20. UNDERTAKER James D. Gordon ADDRESS Chillicothe 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.

RECORD WITH OBTAINING INFORMATION IS A PERMANENT RECORD

STATE OF NEW YORK
IN SENATE
January 11, 1911.

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

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1. PLACE OF DEATH

County Livingston
Township _____
City Chillicothe (No. _____)

Registration District No. 508
Primary Registration District No. 3026

File No. _____
Registered No. 229
St. _____ Ward _____

2. FULL NAME Ervin P. Morgan

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
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 Male 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 Bertha Morgan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/15/ 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 4 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Insurance Agent
(b) General nature of industry, business, or establishment in which employed (or employer) American
(c) Name of employer Benevolent Society

9. BIRTHPLACE (CITY OR TOWN) Russellville
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Martin Van Buren Morgan

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

12. MAIDEN NAME OF MOTHER Jeraldine Mason

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

14. INFORMANT Mrs. Bertha Morgan
(Address) Chillicothe, Mo

15. FILED 2/20, 1931 Reuben Barney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 30 19 30

17. I HEREBY CERTIFY, That I attended deceased from Sept. 30 19 30 to Sept. 30 19 30
that I last saw him alive on Sept. 30, 19 30, and that death occurred, on the date stated above, at 8:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris

(duration) Half hour yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. J. Brennan, M. D.
10/2, 19 30 (Address) Chillicothe, 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 Edgewood Cemt. DATE OF BURIAL 10/4 19 30

20. UNDERTAKER J. D. Gordon ADDRESS Chillicothe

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.

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

S-30450