

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

Do not use this space.

16042

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1008**  
 City **St. Louis, Mo.** (No. **4800a S. Broadway**)

File No.....  
 Registered No. **4518**  
 St. .... Ward)

**2. FULL NAME** Martha Morgan

(a) Residence. No. 4800a S. Broadway St. 15 Ward. (If nonresident, give city or town and State)  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

Female White Widowed

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

(late) John Morgan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22, 1843.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	88	2	20	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None

(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) W. Virginia

10. NAME OF FATHER John Cuturight

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

12. MAIDEN NAME Bargerhoff

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

14. INFORMANT Jane Lane  
 (Address) 4800 S. Broadway

15. FILED Mar. 21 1931  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12, 1931.

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1931 to April 4, 1931.  
 that I last saw h.e. alive on Apr 4, 1931, and that death occurred, on the date stated above, at 7:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

50 Coronary Heart  
162  
 (duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Smoking  
 (duration) 4 yrs. — mos. — ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

9 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) Edward C. Beck M. D.

, 19 (Address) 4468 So Broadway

\*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  
St. Trinity Lutheran Apr. 15, 1931.

20. UNDERTAKER ADDRESS 6320 S. Grand.  
Southern

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.

WHILE PLAIN, WITH UNRAIDING INK—THIS IS A PERMANENT RECORD

W. H. Slack  
1868