

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis (No. _____) St. _____ Ward _____

Registration District No. 763
Primary Registration District No. 6001

File No. 29210
Registered No. 15

2. FULL NAME

Miss Lelia 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? mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, DIVORCED, OR SEPARATED (Write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

(OR) WIFE OF R. H. Morgan

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

Dec. 14 - 1875

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>55</u>	<u>7</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(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) Texas

10. NAME OF FATHER

Geo. Hubbard

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Pettus Co. Mo

12. MAIDEN NAME OF MOTHER

Martha B. Crouch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Pettus Co. Mo

14. INFORMANT

Miss Judy B. Baxter
Clinton Mo

15. FILED

Aug 9, 1931 Geo. S. Hughes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 8, 1931

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1931, **to** Aug 5, 1931, **that I last saw him alive on** Aug 2, 1931, **and that death occurred, on the date stated above, at** Aug 8, 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Rectum

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

1. DID AN OPERATION PRECEDE DEATH? yes DATE OF May 10, 1931

2. WAS THERE AN AUTOPSY? No

3. WHAT TEST CONFIRMED DIAGNOSIS? physical examination

(Signed) R. S. Hollingsworth, M. D.
Aug 5, 1931 (Address) po S. B. Hughes, 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

Englewood
Clinton Mo

DATE OF BURIAL

8-9-31

20. UNDERTAKER

Dunning & Hunt

ADDRESS

Englewood
MO

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.

SEP 25 1931

