

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

Do not use this space.

993

1. PLACE OF DEATH

County Jackson Registration District No. 03 12 02
 Township Blue Primary Registration District No. 1 1 01
 City Leadon Station Leeds Hospital St. _____ Ward _____

File No. _____
 Registered No. 31
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1618 Cottage Lane St. 1 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22 - 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 0 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Porter 2:45
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Waco Texas (STATE OR COUNTRY) 2

PARENTS
 10. NAME OF FATHER Robert Morgan
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Waco Texas
 12. MAIDEN NAME OF MOTHER Luella Carter
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Marlene Texas

14. INFORMANT Kansas City B. Hospital (Address) Leadon Missouri

15. FILED Jan 5 3 1932 m.m. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 4, 1932

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1931 to Jan. 4, 1932 that I last saw him alive on Feb. 4, 1932, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis 7A,
23 P. of 23
 (duration) yrs. 9 mos. ds.
 CONTRIBUTORY (SECONDARY) 23 P. (duration) yrs. 9 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Kansas City Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? R.P.P. + Sputum
 (Signed) W.D. Westinghouse
15 1932 (Address) Kansas City 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 Blue Ridge Lawn Cemetery DATE OF BURIAL Jan 5 1932
 20. UNDERTAKER West, Appleton ADDRESS Leadon Mo

