

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

Do not use this space.



1. PLACE OF DEATH

48 County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5354
City Independence, Mo. St. _____ Ward _____

File No. 4542
Registered No. 76

2. FULL NAME

Phoebe Florence Morgan
(a) Residence. No. 1425 Cedar 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sebae girl
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 28, 1919
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 12 1 28
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. School girl
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Independence, Mo. (STATE OR COUNTRY)
10. NAME OF FATHER Lloyd G. Morgan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Chautauk, Kansas (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Flora G. Hatcher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Salina, Mo. (STATE OR COUNTRY)

14. INFORMANT G. R. Chaney
(Address) 1425 Cedar St, St. J
15. FILED Feb 27, 1932 Hook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 - 1932
17. I HEREBY CERTIFY, That I attended deceased from 2-23, 1932, to 2-26, 1932 that I last saw her alive on 2-25, 1932 and that death occurred, on the date stated above, at 12:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
Pulmonary Edema
(duration) yrs. mos. 0 ds.

CONTRIBUTORY (SECONDARY) Pulmonary Edema
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTACTED
IF NOT AT PLACE OF DEATH H/A ①
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Chas E. Nicholson, M. D.
2-27, 1932 (Address) Indep 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 Mt. Washington Cem DATE OF BURIAL 2-27 1932
20. UNDERTAKER C. L. Carson & Son ADDRESS Indep, 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.

MAR 28 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

22