

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

Do not use this space.

1. PLACE OF DEATH

51 County Johnson Registration District No. 431 File No. 8987
 Townships Centerview Primary Registration District No. 5589 Registered No. _____
 City Centerview (No. _____) St. _____ Ward _____

2. FULL NAME Anna F. 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 23 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Irving Morgan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20 - 1909
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
23 1 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work
 10. Date deceased last worked at this occupation (month and year) 3-16-32 11. Total time (years) spent in this occupation Life

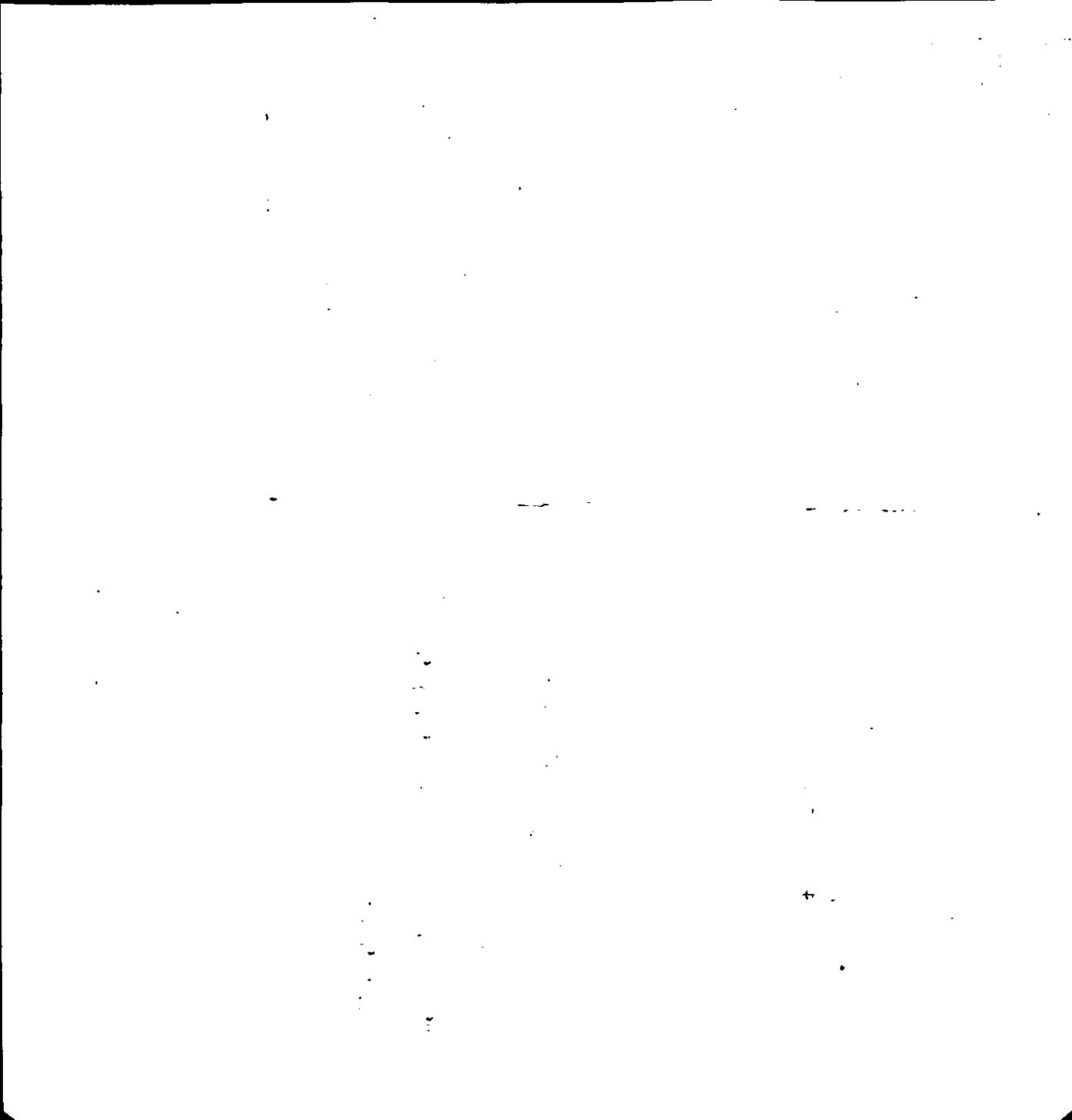
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo
 FATHER 13. NAME Harry Nash
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Mo
 MOTHER 15. MAIDEN NAME Bell Hill
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Mo.
 17. INFORMANT Irving F. Morgan
 (ADDRESS) Centerview Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sluter DATE 3/21 1932
 19. UNDERTAKER John H. Murray
 (ADDRESS) Holden Gray
 20. FILED Mar 21, 1932 Miss Allwood
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20th 1932
 22. I HEREBY CERTIFY, That I attended deceased from Mar. 18th, 1932, to Mar 20th, 1932
 I last saw him alive on Mar 19, 1932. Death is said to have occurred on the date stated above, at 12⁰⁰ a.m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset _____
Accidental Burn
by coal oil car bursting and igniting the pants
 Other contributory causes of importance: enteric fever
noje

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following. no
 Accident, suicide, or homicide? Accident Date of injury _____, 19____
 Where did injury occur? Centerview Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Bursting of coal oil car
 Nature of injury and entering igniting of body
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R. L. Pills, M. D.
 (Address) Magnolia Mo

APR 27 1932



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Johnson Registration District No. 431
 Township Interview Primary Registration District No. 3-3-89
 City (No.) St. Ward

File No.
 Registered No.

2. FULL NAME Anna F. 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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19...

19. UNDERTAKER (ADDRESS)

20. FILED, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Accidental burn by coal oil can, penetrating & ignited the entire body. Cause did not burn

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify (Signed) ... M. D.

(Address) ...

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

58.85

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