

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.

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

Do not use this space.

10397

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 10383
City St. Louis (No. Barnes Hospital) St. Ward)

File No.
Registered No. 2440

2. FULL NAME Susan Morgan

(a) Residence, No. 5136 Delmar St., 12 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 8 - 1867</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>5</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	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) <u>Ireland 15</u>		
FATHER	13. NAME <u>Patrick Morgan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Mary O'Neill</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Louis L. Murphy</u> (ADDRESS) <u>7427 Wayne and S</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Delmar Cemetery</u> DATE <u>3/15 1932</u>		
19. UNDERTAKER <u>William J. Donnelly Trust Co</u> (ADDRESS) <u>2039 Wash St</u>		
20. FILED <u>MAR 14 1932</u> <u>W. C. Staller</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 3 - 1 1932, to 3 - 12 1932
I last saw h. aw alive on 3 - 12 1932, Death is said to have occurred on the date stated above, at 8:24 A.M.
The principal cause of death and related causes of importance were as follows:
Arteriosclerotic Heart Disease
Coronary Arteriosclerosis
Engled Heart Block
Chronic Myocarditis
Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? EKG Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) W. R. Conway, M. D.
(Address) Barnes Hosp.

