

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

Do not use this space.

25043

1. PLACE OF DEATH
 99 County Scottland Registration District No. 810
 2 Township Jefferson Primary Registration District No. 4488
 2 City Memphis (No. _____) St. _____ (Ward) _____
 2. FULL NAME Mason 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 Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zeta J Morgan
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
47 2 15
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Mail Carrier 118
 (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) Mound City, Kans
 10. NAME OF FATHER Mason Morgan
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind
 12. MAIDEN NAME OF MOTHER Anna Mason
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind

14. INFORMANT Wm Mason Morgan
 (Address) Memphis Mo
 15. AUG 2 - 1932 C. E. Garrison
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1932
 17. I HEREBY CERTIFY, That I attended deceased from July 20 1932, to July 20 1932 that I last saw him alive on July 20 1932, and that death occurred, on the date stated above, at 6:40 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic valvular heart disease 1911
Heart
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Heart Stroke 50-5
 (SECONDARY) Sudden
 (duration) _____ yrs. _____ mos. _____ ds.
 18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS physical
 (Signed) A. E. Platter, M. D.
 . 19 (Address) Memphis 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 Memphis cemetery DATE OF BURIAL 7/23/1932
 20. UNDERTAKER D. K. Payne Sons ADDRESS Memphis

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 27 1932

