

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

Do not use this space.

**1. PLACE OF DEATH**

45 County Howland Registration District No. 329 File No. 32098-1  
 4 Township ..... Primary Registration District No. 4223 Registered No. ....  
 2 City Glasgow (No. ....) St. .... Ward)

**2. FULL NAME**

Mary 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 2 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) Glasgow Mo.

FATHER 13. NAME John Kaiser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Geo Morgan (ADDRESS) mother by mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow Mo DATE Oct 24 1932

19. UNDERTAKER John Salzer (ADDRESS) Glasgow Mo.

20. FILED 10/30 1932 Hansy Temple Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1932

22. I HEREBY CERTIFY, That I attended deceased from October 8 1932 to October 22 1932  
 I last saw her alive on October 22 1932 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Chronic myocarditis  
730 930  
 Other contributory causes of importance: .....

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Clinical Was there an autopsy? .....

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 D

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify

(Signed) Carl C. Keener, M. D.  
 (Address) Glasgow 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.

WHILE COMPLETE, WITH ON-BOARD INK—THIS IS A PERMANENT RECORD

