

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.

NOV 9 1933

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

Do not use this space.

36616

1. PLACE OF DEATH
 78 County Polk Registration District No. 653
 4 Township High Primary Registration District No. 4390
 6 City High, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Charlotte Patricia 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 6 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1923

7. AGE YEARS 9 MONTHS 4 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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) Cape Girardeau, Mo. (STATE OR COUNTRY)

FATHER

13. NAME Frank Morgan Jr.

14. BIRTHPLACE (CITY OR TOWN) Polk, Mo. (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Cecilia Gosel

16. BIRTHPLACE (CITY OR TOWN) Cape Girardeau, Mo. (STATE OR COUNTRY)

17. INFORMANT Frank Morgan Jr., (ADDRESS) Hayes, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau, Mo. DATE Nov. 23, 1932

19. UNDERTAKER Ray, Wm. Co. (ADDRESS) High, Mo.

20. FILED 11-22-1933 J. J. Lawson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1932, to Nov 21, 1932
 I last saw her alive on Nov. 21, 1932. Death is said to have occurred on the date stated above, at 7:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebrospinal Fever Date of onset 11/20/32
Non-Epidemic
Influenza 11/14/32

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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 _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. D. Lambaugh, M. D.
 (Address) Hayes, Mo.

