

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

Do not use this space.

19176

1. PLACE OF DEATH

21 County Chariton
Township Missouri
City Chariton, Mo. (No.)

Registration District No. 169
Primary Registration District No. 5249

File No.
Registered No. 34
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 80 - -

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

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) Chariton County, Mo.

13. NAME Don't Know

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

15. MAIDEN NAME Don't Know

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

17. INFORMANT (ADDRESS) Thomas Morgan, Chariton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harmony DATE June 25, 1933

19. UNDERTAKER (ADDRESS) W. L. Barnett, Keytesville, Mo.

20. FILED 6/22 1933 Harry E. Intum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1933

22. I HEREBY CERTIFY that I attended deceased from Nov 19, 1932 until June 22, 1933

I last saw him alive on 5-10-1933. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Cardiovascular
renal Disease

Date of onset

Other contributory causes of importance 131

Name of operation none 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? 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. L. Barnett, M. D.

(Address) Keytesville

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.

JUL 21 1933

WHITE I CAN'T WITH UNFADING INK—THIS IS A PERMANENT RECORD

