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.

OCT 20 1933

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

Do not use this space.

26349

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 1605 Virginia St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 3471

2. FULL NAME Orange Morgan
(a) Residence, No. 1605 Virginia 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 M.
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. 1828.

7. AGE YEARS 105 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ex-soldier
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) Kentucky

FATHER
13. NAME Unk.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

MOTHER
15. MAIDEN NAME Unk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

17. INFORMANT (ADDRESS) Essie Billingsley 1605 Virginia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leavenworth, Ks. DATE 9/1 1933

19. UNDERTAKER (ADDRESS) Watkins Bros. 1729 Lydia

20. FILED 9-1-1933 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1933, to Aug. 28, 1933
I last saw him alive on Aug. 28, 1933. Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset Aug 27

Other contributory causes of importance:
Artero Schrosis
General Senile Debility

Name of operation — Date of
What test confirmed diagnosis? None Was there an autopsy? No

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) D. H. Miller, M. D.
(Address) 1509 E 18 - Kc Mo.

D. M. Miller.