Dr W.

Do not use this space.

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

78

1. PLACE OF DEATH
County Pemiscot — Registration District No. 651 — File No. 30467a
Township Little Prairie — Primary Registration District No. 5862 — Registered No. 137
City ~~Steele~~ (No. ..... St. ..... Ward)

2. FULL NAME Doyle H. Morgan
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10. 1933
7. AGE: YEARS 0 — MONTHS 3 — DAYS 14 — If LESS than 1 day, 0 hrs. or 0 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) (STATE OR COUNTRY) Steele Mo

FATHER
13. NAME L. D. Morgan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dyersburg Tenn

MOTHER
15. MAIDEN NAME Lizzie Hays
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dyersburg Tenn

17. INFORMANT (ADDRESS) L. D. Morgan Steele R 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion DATE 9-25 1933

19. UNDERTAKER (ADDRESS) German mudt co Steele Mo

20. FILED Nov 18 1933 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1933, to Sept 24, 1933, I last saw him alive on Sept 24, 1933. Death is said to have occurred on the date stated above, at 11:15 p.m.
The principal cause of death and related causes of importance were as follows:

Malarial Fever — Date of onset

38 38

Other contributory causes of importance: ✓

Name of operation ✓ 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?
If so, specify
(Signed) J. P. Vickrey, M. D.
(Address) Steele Mo

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.