

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

Do not use this space.

35856

1. PLACE OF DEATH

County Barber Registration District No. 408 File No.
Township Marion Primary Registration District No. 3020 Registered No.
City Carthage (No.) St. Ward)

2. FULL NAME

(a) Residence, No. Lincoln St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 1 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teacher

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) Uxbridge (STATE OR COUNTRY) Michigan

13. NAME Samuel Morgan

14. BIRTHPLACE (CITY OR TOWN) Uxbridge (STATE OR COUNTRY) Michigan

15. MAIDEN NAME Margaret Shippey

16. BIRTHPLACE (CITY OR TOWN) Uxbridge (STATE OR COUNTRY) Michigan

17. INFORMANT Guss Morgan (ADDRESS) Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenfield, Mo. DATE Nov. 7 1933

19. UNDERTAKER Forest McArthur (ADDRESS) Carthage, Missouri

20. FILED Nov. 5, 1933 S. B. Collier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1933, to Nov 5, 1933

I last saw him alive on November 5, 1933 Death is said to have occurred on the date stated above, at 5 A. m.

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

Cardiac failure due to myocardial degeneration (Chronic Myocarditis)
Date of onset 9/3

Other contributory causes of importance: 9/3

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

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

(Signed) P. X. Codman, M. D.
(Address) Carthage 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

NOV 7 1933

29

