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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Pulaski — Registration District No. 716 — File No. 10066

Township Tavern — Primary Registration District No. 5945 — Registered No. 8

City Near Crocker (No. ..., ... St. ..... Ward)

2. FULL NAME ANNA LEE 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. 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: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 5-1868

7. AGE: YEARS 65 — MONTHS 6 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
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): Unknown

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓

17. INFORMANT (ADDRESS): Mrs. Henry Allen

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crocker, Mo DATE Mch. 9 1934

19. UNDERTAKER (ADDRESS): J. L. Hoops & Sons

20. FILED Mch 10 1934 W. J. Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from ✓, 19✓, to ✓, 19....
I last saw h✓ alive on ✓, 19.... Death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

Epilepsy (Seized in a convulsion) — Date of onset

Other contributory causes of importance:

85

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) C. G. Talbot, Co-Physician, M. D.
(Address) Maynesville