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.

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

Do not use this space.

11562

APR 25 1934

1. PLACE OF DEATH
County Scott — Registration District No. 816 — File No. 5
Township — Primary Registration District No. 4492 — Registered No. 5
City Chaffee (No. ..... St. ..... Ward)

2. FULL NAME Maggie Belle 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 24, 1874

7. AGE: YEARS 59 — MONTHS 5 — DAYS 21. — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Vienna Ill.

FATHER
13. NAME John S. Bridges
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Elizabeth Harviell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Frank Morgan Chaffee, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic Cem. Vienna Ill. DATE Mar. 18 1934

19. UNDERTAKER (ADDRESS) Bisplinghoff & Hubbard Chaffee, Mo.

20. FILED 3/17 1934 W. Dunn Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1934, to Mar. 15, 1934
I last saw her alive on Mar 15, 1934. Death is said to have occurred on the date stated above, at 1300 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Myocarditis (Chronic) | |
| Died from Cardiac | |
| Asthma | |

Other contributory causes of importance: 93C

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) H. T. Cordrey, M. D.
(Address) Chaffee Mo