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.

JUN 19 1934

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

Do not use this space.

16605

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1950
Township — Primary Registration District No. — Registered No.
City Kansas City (No. 300 W. Wyatt Trinity Lutheran Hosp. St. Ward)

2. FULL NAME Mrs Sarah Morgan
(a) Residence, No. 1724 Penn 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: Female
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: Frank Morgan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 29, 1869

7. AGE: YEARS 65 — MONTHS 3 — DAYS 3 — 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): No Record Indiana

FATHER
13. NAME: Isaac Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs. G. V. Dameron 5809 Harrison

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 5-3-34 19

19. UNDERTAKER (ADDRESS): Gates Funeral Home Kansas City, Kansas

20. FILED 5-2 1934 [signature] Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1934, to May 1, 1934
I last saw her alive on May 1, 1934. Death is said to have occurred on the date stated above, at 1:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hydronephrosis & acute nephritis	3
48	
139	
139	
Other contributory causes of importance:	
Carcinoma of uterus	3
Uterine Hemorrhage & anemia	4/21/34

Name of operation: none Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) [signature], M. D.
(Address) 4301½ Main