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.

SEP 17 1934

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

Do not use this space.

30018

1. PLACE OF DEATH
County McDonald — Registration District No. 1167 — File No.
Township Elkhorn — Primary Registration District No. 5648 — Registered No. 19
City Bethpage (No. , St. Ward)

2. FULL NAME Ebenezer Morgans
(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 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 Sarah Morgans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 = 1848

7. AGE YEARS 85 MONTHS 9 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 53E
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer 43E
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) Ind

FATHER
13. NAME Ephriam Morgans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Eliza Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Leslie Morgans Stella Mo R2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Owsley Cemetery DATE 8/7 1934

19. UNDERTAKER (ADDRESS) Chas. W. Williams Goodman Mo

20. FILED Aug. 14 1934 Ada Collings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1932 to Aug. 6, 1934
I last saw him alive on July 10, 1934 Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma on body of right hand. Metastasis of axillary and cervical gland of same side and a short time before death the liver became involved. about September 1932

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? none Was there an autopsy? No

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) O. U. Roseberry M. D.
(Address) Neosho Mo