

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.

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

Do not use this space.

OCT 17 1934

33006

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1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 3211)

Registration District No. 399
Primary Registration District No. 1009

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Amanda A. Morgan

(a) Residence, No. 3217 E. 28th. Street, 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Franklin M. Morgan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 5, 1864</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>9</u>
		<u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<u>House Wife</u>		
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

13. NAME Abner Ellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT William A. Morgan (ADDRESS) 2807 Lister

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Sept. 26 1934

19. UNDERTAKER R. V. Lindsey & Sons (ADDRESS) 3811 Broadway

20. FILED 9-25 1934 Wm M. Crowe Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1934

22. I HEREBY CERTIFY, that I attended deceased from Sept 2 - 1934 to Sept 24 - 1934
I last saw him alive on Sept. 24, 1934. Death is said to have occurred on the date stated above, at 3:20 P.M.
The principal cause of death and related causes of importance were as follows:

Exhaustion from tonsillitis Date of onset Sept 22
Had paralysis of throat
Syphilitic Gummata of larynx caused slow paralysis of throat

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Walter M. Stennett, M. D.
(Address) 5644 Maple Parkway

Dr Clemmons
5644 Savage Place