

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.

NOV 15 1934

37040

1. PLACE OF DEATH

County Polk Co.
Township Cullen
City (No. _____) (St. _____ Ward _____)

Registration District No. 713
Primary Registration District No. 5942

File No. _____
Registered No. _____

2. FULL NAME

HOWARD ALPHIE MORGAN

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/28/1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 9 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Mo.

FATHER 13. NAME John B. Morgan

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

MOTHER 15. MAIDEN NAME Ida Bell Rollins

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

17. INFORMANT J. E. Morgan (ADDRESS) Wagonville

18. BURIAL, CREMATION, OR REMOVAL PLACE Morgan Cem. DATE 10/14 1934

19. UNDERTAKER J. L. Hoop & Sons (ADDRESS) Cullen

20. FILED 10/13 1934 C. A. Talbot Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3rd 1934 to Oct. 3rd 1934

I last saw him alive on Oct. 3rd 1934. 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:

diabetes insipidus Date of onset 1925

Other contributory causes of importance: 69

Name of operation _____ Date of _____

What test confirmed diagnosis Diagnosis 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? No

If so, specify _____

(Signed) C. A. Talbot, M. D.

(Address) Wagonville

