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

NOV 22 1934

Do not use this space.

38105

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 (B) — Registered No. 363
City St. Louis (No. Koch Hospital St. Ward)

2. FULL NAME Morgan, John
(a) Residence, No. 5985 Minerva St., Ward. St. Louis Mo
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 - 1880

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 54 | 3. | 25. | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
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 15

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

FATHER
13. NAME Charles Morgan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER
15. MAIDEN NAME Anna Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Jas A. Chandler
(ADDRESS) 5985 Minerva Av

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE Oct 18 - 1934

19. UNDERTAKER Edith E. Ambrister
(ADDRESS) 4334 Manchester Av.

20. FILED 10-17 1934 [illegible] M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Oct. 16, 1934
I last saw him alive on October 16, 1934. Death is said to have occurred on the date stated above, at 5:15 A. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | |
| 23A | |
| 23 | |
| 23B | |
| 23C | |

Other contributory causes of importance:
Tuberculous laryngitis and
Rectal Fistulae
Tuberculous Kidney?

Name of operation ..... Date of .....
What test confirmed 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? .....
If so, specify .....
(Signed) C. J. Hulut, M. D.
(Address) Koch Hospital, Koch, Mo.