

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

Do not use this space.

43292

1. PLACE OF DEATH JAN 10 1935
 County Jackson Registration District No. 399
 Township Kaw3 Primary Registration District No. 1002
 City Kansas City, Mo. (No. 6106 E 8th St St. _____ Ward _____)

2. FULL NAME Ola James Morgan
 (a) Residence, No. 6106 E 8th St 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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frances Morgan</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 13, 1888</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>46</u>	<u>2</u>	<u>17</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</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) _____			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Unknown</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	17. INFORMANT <u>Frances Morgan</u> (ADDRESS) <u>6106 E 8th St. K.C. Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Moriah Cem</u> DATE <u>Dan. 3-35</u> , 19 <u>35</u>				
19. UNDERTAKER (ADDRESS) <u>C.H. Blackman & Son? Inc.</u> <u>2825 Indep. Blvd. K.C. Mo.</u>				
20. FILED <u>1/31</u> , 19 <u>34</u> <u>M.M. Brown</u> <u>Regist.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30-34, 1934

22. I HEREBY CERTIFY That I attended deceased from Dec 26, 1934, to Dec 30, 1934
 I last saw him alive on Dec 30, 1934 Death is said to have occurred on the date stated above, at 8:45 AM
 The principal cause of death and related causes of importance were as follows:
Gastric ulcer Chronic Date of onset _____
117A
71A
1170
 Other contributory causes of importance: Peritonitis in 1934
 Name of operation Nona Date of _____
 What test confirmed diagnosis operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: not
 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? Not
 If so, specify _____
 (Signed) W. H. ... M. D.
 (Address) 6200 Wash. ...
Kansas City, Mo.

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.

