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.

APR 24 1935

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

Do not use this space.
10070

1. PLACE OF DEATH
County: Reynolds — Registration District No. 653
Township: — Primary Registration District No. 4390
City: Hayti (No. ..., ... St. ..... Ward)

File No. 148
Registered No. 148

2. FULL NAME: Rosie Morgan
(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. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: (Col)
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert H Morgan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1/1/1885
7. AGE: Years 50 — Months 2 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housemaid
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): 2/13/35
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eldorado Miss

FATHER
13. NAME: George Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eldorado Miss

MOTHER
15. MAIDEN NAME: Harriet Jamaison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): De Soto County Miss

17. INFORMANT: J. H. Jamaison
(ADDRESS): Hayti Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Morgan Cemetery DATE: 3/19, 1935
19. UNDERTAKER: C. Smith
(ADDRESS): Hayti Mo
20. FILED: 3-19, 1935 J. M. Rhodes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-18, 1935
22. I HEREBY CERTIFY That I attended deceased from Mar 3, 1935, to ....., 19..
I last saw h. M. alive on Mar 3, 1935. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stroke Mental	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) William J. Lee, M. D.
(Address) Hayti