

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

Do not use this space.

11700

APR 29 1934

1. PLACE OF DEATH

County Vernon Registration District No. 875
 Township Washington Primary Registration District No. 6162
 City Washington (No. _____) St. _____ Ward _____

File No. _____

Registered No. 57

2. FULL NAME

(a) Residence, No. George F. Morgan
 (Usual place of abode) Nevada State Hosp. #3, Ward _____
 (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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Deceased (Ollie Morgan)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-25-1863</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>6</u>
		DAYS
		<u>22</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>On farm</u>	
	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>Vernon, Co.</u>		
MOTHER	13. NAME <u>G. F. Morgan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
	15. MAIDEN NAME <u>Alice Coy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
17. INFORMANT <u>Albert Schenewetter</u> (ADDRESS) <u>Nevada mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Rich Hill mo</u> DATE <u>March 19, 1935</u>		
19. UNDERTAKER <u>Ferry Funeral Home</u> (ADDRESS) <u>Nevada mo</u>		
20. FILED <u>3/18</u> 19 <u>35</u> <u>M. C. Eichinger</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1935, to 3-17, 1935

I last saw him alive on 3-16, 1935 Death is said to have occurred on the date stated above, at 12:30 AM.

The principal cause of death and related causes of importance were as follows:
Bilateral Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance:
Serility

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) M. C. Eichinger, M. D.
 (Address) Nevada, 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.

