

Jul 25 1935

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

Do not use this space.

20595

1. PLACE OF DEATH

County Pemissot
Township Little Prairie
City Caruthersville Mo.

Registration District No. 651
Primary Registration District No. 4388

File No. _____
Registered No. 90
St. _____ Ward _____

2. FULL NAME Nathan Eugene 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-16-33

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 6 109

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) 1-2 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo/

MOTHER FATHER 13. NAME John Morgan

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

15. MAIDEN NAME Nellie Hale

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

17. INFORMANT John Morgan (ADDRESS) Caruthersville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 6-26-35

19. UNDERTAKER H S Smith (ADDRESS) Caruthersville Mo.

20. FILED June 29 1935 C. de Montic Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25-35 1935

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1935, to June 25, 1935. I last saw him alive on June 25, 1935. Death is said to have occurred on the date stated above, at 9-30AM. The principal cause of death and related causes of importance were as follows:

Acute Icteric Date of onset 6-20-35

Other contributory causes of importance: W

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? No
If so, specify _____
(Signed) J. R. Pinion, M. D.
(Address) Caruthersville, Mo.

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.

