

AUG 15 1935

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

Do not use this space.

22421

1. PLACE OF DEATH

2 | County Dalton Registration District No. 169
Township Rowling Primary Registration District No. 5236
City Dalton (No. _____) St. _____ Ward _____

File No. _____

Registered No. 232. FULL NAME William 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED Widowed
(or name of Wife) Millie Morgan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 - 80 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloon & minister

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) Dalton
(STATE OR COUNTRY) Mo.

13. NAME John Morgan

14. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY) _____

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY) _____

17. INFORMANT Walter Morgan
(ADDRESS) Dalton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dalton Mo DATE August 15, 1935

19. UNDERTAKER Hyde & Bennett
(ADDRESS) 15 E. Franklin St., Dalton, Mo.

20. FILED July 31, 1935 Harry E. Saloon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1935

22. I HEREBY CERTIFY That I attended deceased from June 25, 1935 to July 30, 1935
Last saw him alive on July 15, 1935. Death is said to have occurred on the date stated above at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis

Other contributory causes of importance:
Arteriosclerosis
Hypertrophy of Prostate

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? No
If so, specify _____

(Signed) G. W. Held D.O., M. D.
(Address) Dalton, 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.

