

OCT 17 1935

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

Do not use this space.

28742

1. PLACE OF DEATH

County Buchanan

Registration District No. 85
1001

File No.

Township

Primary Registration District No.

Registered No. 937

City St. Joseph

(No. 3322 Mitchell Ave.)

St. Ward

2. FULL NAME

Margaret I. Morgan

(a) Residence, No. 3322 Mitchell Ave. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct, 29, 1899</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>10</u>	DAYS <u>9</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>At Home.</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) Lawson, Mo.
(STATE OR COUNTRY)

FATHER 13. NAME William S. Morgan

FATHER 14. BIRTHPLACE (CITY OR TOWN) Holt, Mo.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Carrie E. Roberts

MOTHER 16. BIRTHPLACE (CITY OR TOWN) De Moines, Ia.
(STATE OR COUNTRY)

17. INFORMANT William S. Morgan
(ADDRESS) 3322 Mitchell Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Sept. 10, 1935

19. UNDERTAKER Water Meicholfer
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 9-9- 1935 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from September 8, 1935 to September 8, 1935, 19
I last saw her alive on September 8, 1935 Death is said to have occurred on the date stated above, at 8.30 m. P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Cerebro spinal fluid congested from injury
Other contributory causes of importance:
MI

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) D. John Wassner, M. D.
(Address) 109 1/2 No. 8th St. St. Joseph, 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.

