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.

DEC 13 1935

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

Do not use this space.

31867

1. PLACE OF DEATH

County Buchanan — Registration District No. [illegible] — File No.

Township Rush — Primary Registration District No. [illegible] — Registered No.

City Rushville, Mo. (No. Sugar Lake Transit Camp St. Ward)

2. FULL NAME Claude R Morgan

(a) Residence, No. Unknown St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 3 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) April.15.1884.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
51	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
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) (STATE OR COUNTRY) New York City, New York.

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Records of Sugar Lake Transit Camp Rushville, Mo.

18. BURIAL, CREMATION, OR REMOVAL City Cemetery
PLACE St. Joseph, Mo. DATE Oct. 25 1935

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Str St. Joseph, Mo.

20. FILED 10-25 1935 L. F. Ginger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October.15 1935

22. I HEREBY CERTIFY, That I ~~attended~~ Viewed deceased ~~from~~ On Oct. 15. 1935, to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5/30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance: no facts

Name of operation none Date of

What test confirmed diagnosis? Clin Hist 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?

If so, specify

(Signed) Forrest Thomas Coroner, M. D.

(Address) 731 Faraon