

NOV 22 1935

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

Do not use this space.

33160

1. PLACE OF DEATH

County *St. Charles*
Township *Mayfield*
City *Richland* (No. _____ St. _____ Ward)

Registration District No. *277*
Primary Registration District No. *5610*

File No. _____
Registered No. *7*

2. FULL NAME

Small Francis Morgan

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Charley Morgan*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 11 - 1874*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 16

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as silk 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) *Stanford Mo.*

13. NAME *A. S. Oliver*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Stanford Mo.*

15. MAIDEN NAME *Caroline Fowler*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Stanford Mo.*

17. INFORMANT *Charley Morgan* (ADDRESS) *Richland Mo.*

18. BURIAL, CREMATION, OR REMOVAL *Luoma Mo.* DATE *10-30-35*

19. UNDERTAKER *A. D. Jessel* (ADDRESS) *Richland Mo.*

20. FILED *10-2* 1935 *Geo. Carstan* Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *5-16-*, 19*32* to *10-21*, 19*35*
I last saw he alive on *10-26*, 19*35* Death is said to have occurred on the date stated above, at *4:30 a.m.*
The principal cause of death and related causes of importance were as follows:

Cancer liver

Other contributory causes of importance:

NO

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) *R. S. Fowler* M. D.
(Address) *Richland 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.

