

JAN 23 1936

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

Do not use this space.

39830

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Rail Primary Registration District No. 1002
City Kansas City (No. 3949) McJee

File No. _____
Registered No. 4375
St. _____ Ward _____

2. FULL NAME

Mrs Eunice A Morgan

(a) Residence, No. 3949 McJee St. Wash

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe.</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Morgan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct - 8 - 1850</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>2</u>
	DAYS <u>21</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>None</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

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Dec 1, 1935 to Dec 30, 1935
I last saw her alive on Dec 30, 1935. Death is said to have occurred on the date stated above, at 12:45 p.m.
The principal cause of death and related causes of importance were as follows:

Hyperstatic Pneumo
thia Date of onset 12-28-35

Other contributory causes of importance
Fracture of ribs
Dec 1, 1935 11

Name of operation none Date of no
What test confirmed diagnosis? no 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 Dec 1, 1935
Where did injury occur? Her residence
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Her home
Manner of injury fractured ribs, full
Nature of injury full & fractured ribs

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. G. Mackey, M. D.
(Address) Prof. of Pathology
Admission 10/17/35

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Caladonia Ill</u>
	13. NAME <u>John Arnott</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	17. INFORMANT (ADDRESS) <u>Frank J Morgan</u> <u>200 W 53rd</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Caladonia Ill</u> DATE <u>Jan 2 1936</u>
	19. UNDERTAKER (ADDRESS) <u>Lawrence Weimer Sons</u> <u>Kansas City Mo</u>
20. FILED <u>Dec 30 1935</u> <u>W. M. Corum</u> Registrar.	

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.

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