

FEB 19 1936

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

Do not use this space.

951

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield

Ward 117 N-Atlantic

File No. _____

Registered No. 63

St. _____

Ward) _____

2. FULL NAME

(a) Residence, No. 1117 W. Atlantic

(Usual place of abode)

Ward. _____

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23-36

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Samuel B. Morgan

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1935, to 1-22-, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24-1862

I last saw her alive on 1-22, 1936 Death is said

7. AGE YEARS 73 MONTHS 7 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 4 P. m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Cerebral Hemorrhage Date of onset 1-21-36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

Other contributory causes of importance: Chronic Valvular heart lesion

13. NAME John Price

Name of operation None Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

15. MAIDEN NAME Olga Helen

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

Where did injury occur? nowhere (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT J. W. Hamilton

Manner of injury none

Nature of injury at home

18. BIRTH, CREMATION, OR REMOVAL PLACE Funeral Home DATE Jan 29 36

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

19. UNDERTAKER (ADDRESS) J. W. Hamilton & Co. Springfield, Mo.

(Signed) D. J. Morrison M. D.

20. FILED 1-26, 1936 Ralph W. Deugster Registrar.

(Address) Springfield, 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.

