

SEP 24 1936

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

Do not use this space.

31474

1. PLACE OF DEATH

County Johnson Registration District No. 431
Township Warrensburg Primary Registration District No. 5582
City Warrensburg No. _____ St. _____ Ward _____

File No. _____

Registered No. 106

2. FULL NAME John S. Morgan

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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 - 1881

7. AGE YEARS 55 MONTHS 6 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Johnson Co Mo

13. NAME Herbert J. Morgan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg Mo

15. MAIDEN NAME Ann Shepard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg Mo

17. INFORMANT (ADDRESS) J. S. Morgan

18. BURIAL, CREMATION, OR REMOVAL PLACE Delevity DATE Aug 26, 1936

19. UNDERTAKER (ADDRESS) Sweeney & Sweeney

20. FILED Aug 26, 1936 Eva Jentzsch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to Aug 25, 1936
I last saw him alive on Aug 24, 1936 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:

benzene in the head of the colon

Other contributory causes of importance: He

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? _____
If so, specify _____

(Signed) A. E. Bradley M. D.
(Address) Warrensburg, 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.

