

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.

NOV 26 1938

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

Do not use this space.

37656

1. PLACE OF DEATH

County Jackson
Township 1st
City San City

Registration District No. 399
Primary Registration District No. 1002
No. 1470 Myaudette

File No. 1500
Registered No. 1500
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1470 Myaudette 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14 - 1879</u>		
7. AGE	YEARS	MONTHS
	<u>59</u>	<u>4</u>
		<u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</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		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Spencer Morgan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Mary Goodwin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Frank Morgan</u> (ADDRESS) <u>1208 - West 18</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>10/19-36</u>		
19. UNDERTAKER (ADDRESS) <u>11, 36 N. M. Croome</u>		
20. FILED		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/2/36 19

22. I HEREBY CERTIFY That I attended deceased from Spencer Morgan 1936 to _____, 1936

I last saw him _____ alive on _____, 1936 Death is said to have occurred on the date stated above, at _____ m.

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

Chronic Coronary
Chronic Coronary Myocarditis

Date of onset _____

Other contributory causes of importance:

Name of coroner Chas Date 10/2/36

What did confirm diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (Violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936
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) [Signature] M. D.
(Address) [Signature]

