

FEB 26 1937

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

Do not use this space.

44237

242

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1. PLACE OF DEATH

30 County Wallas
Township Grant
City Buffalo (No. _____)

Registration District No. _____

Primary Registration District No. _____

File No. _____

Registered No. 2

St. _____ Ward _____

2. FULL NAME

Samuel Preston 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18-18

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Rail road Section Foreman
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) Harrison Co Mo.

MOTHER 13. NAME John Morgan

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

15. MAIDEN NAME Matilda Harriet

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

17. INFORMANT Metty Morgan (ADDRESS) 13 Buffalo Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buffalo Mo. DATE _____ 19 _____

19. UNDERTAKER S. B. Jones (ADDRESS) Buffalo Mo.

20. FILED 1-20-37 19 37 L. E. Sommer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-1936

22. I HEREBY CERTIFY That I attended deceased from Nov. 15, 1936, to Dec 26, 1936

I last saw him alive on Dec 26, 1936. Death is said to have occurred on the date stated above, at 10:10 a.m.

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

Arterio Sclerosis Date of onset _____

Other contributory causes of importance: _____

Cerebral Hemorrhage 12-26-36

Name of operation none Date of _____

What test confirmed diagnosis? usual 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) G. P. Plummer, M. D.

(Address) Buffalo Mo.

AUG 12 1953