

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 130
Township # 11 E. 1st Primary Registration District No. 5175
City Grandes No. (No.) St. Ward

File No. 49319
Registered No.

2. FULL NAME Stillborn Morgan

(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

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>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stillborn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 25-1936</u>		
7. AGE YEARS <u>✓</u>	MONTHS <u>✓</u>	DAYS <u>✓</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stillborn</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>Grandes No.</u>		
13. NAME <u>M. M. Morgan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crestlin Mo.</u>		
15. MAIDEN NAME <u>Alfreda Maynard</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Matthews Mo.</u>		
17. INFORMANT <u>M. M. Morgan</u> (ADDRESS) <u>Grandes No.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Perkins Cem.</u> DATE <u>Nov 25 1936</u>		
19. UNDERTAKER <u>Wm Stillborn</u> (ADDRESS) <u>Chaffee Mo.</u>		
20. FILED <u>11-25-36</u> <u>J. M. Blagoe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 19 36

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on, 19..... 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:
Still born male child about 7 mos. gestation Cause unknown.

Other contributory causes of importance:
.....

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) Mabel M. DeLuzene, M. D.
(Address) Chaffee Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

