

MAR 26 1937

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

Do not use this space.

9179

1. PLACE OF DEATH

County Texas
Township Case
City Stall (No.)Registration District No. 865
Primary Registration District No. 6143File No.
Registered No. 93
St. Ward)

2. FULL NAME

Rachel Isabelle 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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF George Morgan6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 18857. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 81 9 178. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) 1921 11. Total time (years) spent in this occupation.12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.13. NAME Zachri Stevens14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Jane Hammone16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Lafe Morgan Stall18. BURIAL, CREMATION, OR REMOVAL PLACE Near Home DATE Feb 12 193719. UNDERTAKER (ADDRESS) Raymond V. Elliott20. FILED 2-15 1937 - R. P. Hubbard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 193722. I HEREBY CERTIFY, That I attended deceased from Feb 2 1937 to Feb 10 1937
I last saw h. aw alive on Feb 8 1937 Death is said to have occurred on the date stated above, at 5 P. m.

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

Cardiac De-compensation
Hypertension
Cardio-Renal-Vascular Disease
Date of onsetOther contributory causes of importance:
Left Hemiplegia 1 1/2 yrs ago
Stenility
EmaciationName 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 H. M. Dillman M. D.
(Signed) H. M. Dillman
(Address) Houston, Tex.

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.

