

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Chariton 21 Registration District No. 169
 Township..... Primary Registration District No. 4099
 City Dalton (No.) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME Stillborn Infant 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.

File No. 11562
Registered No. 15

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1937

| | | | |
|--------------|--------|------|---|
| 7. AGE YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or .. <u>10</u> min. |
|--------------|--------|------|---|

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

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)

13. NAME

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

15. MAIDEN NAME Cynthia Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co. Missouri

17. INFORMANT Cynthia Morgan (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Dalton DATE Mar. 16, 1937

19. UNDERTAKER (ADDRESS)

20. FILED Mar. 16, 1937 Harry C. Tatum Registrar (Address) Dalton, Mo.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
 I last saw him alive on March 15, 1937. Death is said to have occurred on the date stated above, at 9:25 p.m.
 The principal cause of death and related causes of importance were as follows:
Asphyxia Neonatorum
Prematurity
 Other contributory causes of importance: 159
 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..... 2

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) G. W. Held, M.D. (Address) Dalton, Mo.

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.

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