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.

SEP 15 1937

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

Do not use this space.

30304

1. PLACE OF DEATH
County Camden — Registration District No. 120 — File No.
Township Russell — Primary Registration District No. 5172 — Registered No. 15
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Jennie Morgan
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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 L. M. Morgan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17th 1869

7. AGE 67 YEARS 9 MONTHS 27 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lake Tim
10. Date deceased last worked at this occupation (month and year) 1928
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Springfield Illinois

FATHER
13. NAME — — — — Harbur
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Springfield Illinois

17. INFORMANT (ADDRESS) Louise Morgan Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Preston Cemetery DATE 8-18- 1937

19. UNDERTAKER (ADDRESS) F. R. Lucker Whitland Mo

20. FILED 8/14/ 1937 Dr. T. T. Myers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13th 1937, to Aug 14th 1937
I last saw her alive on Aug 14th 1937. Death is said to have occurred on the date stated above, at 1:08 p.m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitis — Date of onset 1928

5

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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. T. Myers, M. D.
(Address) Mack's Creek Mo.