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.

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 4908 Agnes St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 33207
Registered No. [illegible]

2. FULL NAME Mrs. Angie Morche
(a) Residence, No. 4908 Agnes 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19, 1867

7. AGE: Years 69 | Months 10 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Hamilton Ill.

FATHER
13. NAME Unk Momberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

17. INFORMANT (ADDRESS) J. D. Bradley 5208 Wabsash

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE Sept. 7, 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons

20. FILED Sept 7, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5-37, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw h[illegible] Deputy Coroner, 19..... Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

Hypertensive Myocarditis

Date of onset

93D

Other contributory causes of importance:

Name of operation Autopsy 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? 4
If so, specify
(Signed) Russell W. Fox, M. D.
(Address) [illegible]