

NOV 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Massena
Township Laplata
City Laplata (No. _____) St. _____ Ward _____

Registration District No. 532
Primary Registration District No. 4318

38166
File No. 532
Registered No. 532

2. FULL NAME

George W. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 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 Sophia R. Morgan

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 8 16

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

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) Missouri

13. NAME Uraae Morgan

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

15. MAIDEN NAME Anna Kennedy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ida

17. INFORMANT (ADDRESS) Sophia R. Morgan
Laplata Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laplata DATE Oct 17 1937

19. UNDERTAKER (ADDRESS) Dr. Christie
Laplata Mo

20. FILED Oct 27 1937 Oliver Deschner
Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from June 23 1937, to Oct 15 1937

I last saw him alive on Oct 15 1937 Death is said to have occurred on the date stated above, at 3 A. m.

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

Cancer Esophagus.

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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 _____, 1937

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) H. O. Newton, M. D.
(Address) Laplata Mo.

