

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

Do not use this space.

DEC 14 1937

40579

1. PLACE OF DEATH

County Barry Registration District No. 31
 Township Burdys Primary Registration District No. 5044
 City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. 39

2. FULL NAME

John Crawford 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.

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1867

to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 7 18

Date of onset

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

Died from supposedly 1 year attack fell dead while cutting wood

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

Other contributory causes of importance: no evidence of any violence no inquest held

13. NAME Olin Morgan

Name of operation _____ Date of _____

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

What test confirmed diagnosis? 200 Was there an autopsy? _____

15. MAIDEN NAME Nancy Turner

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Mrs. Novie Morgan (ADDRESS) Burdys, Mo.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Site Cem. DATE Nov. 17, 1937

Manner of injury _____ Nature of injury _____

19. UNDERTAKER Blankenship (ADDRESS) Burdys, Mo.

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

20. FILED Nov. 19, 1937 Donald Blankenship Registrar

(Signed) J. C. Callaway Coroner

(Address) Monett, Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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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