

REC'D APR 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Mason  
Township Mason  
City Hamlet Mo (No. Collax Avenue)

Registration District No. 547  
Primary Registration District No. 3029

File No. 11429  
Registered No. 68  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mary Snoston Morgan 625

(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Milton Morgan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-10-1851</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>11</u>	DAYS <u>12</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Shelby Co Missouri</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Mary Snoston</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Arletta Morgan</u> (ADDRESS) <u>Palmyra Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hamlet Mo</u> DATE <u>2-26-1938</u>		
19. UNDERTAKER <u>E. J. Spence</u> (ADDRESS) <u>Palmyra Mo</u>		
20. FILED <u>Mar. 1, 1938</u> <u>O. C. Fisher</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1937 to Feb-22-1938  
I last saw her alive on Feb 21, 1938. Death is said to have occurred on the date stated above, at 7:10 P.M.  
The principal cause of death and related causes of importance were as follows:  
Dry Gangrene of foot  
+ Leg  
99ix

Date of onset \_\_\_\_\_

Other contributory causes of importance: arterial thrombosis

Name of operation Removal of lower leg Date of 1-10-38

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? No  
If so, specify \_\_\_\_\_  
(Signed) F. P. Bess, M. D.  
(Address) Palmyra Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' judgment as to CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 28 1946