

REC'D JUN 9 1938

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

17822
Do not use this space.

1. PLACE OF DEATH

(a) County Bucchan Registration District No. 86
 (b) Township W. Washington Primary Registration District No. 5127 Registered No. 32
 (c) City St. Joseph (d) Street No. 3424 S. 22nd, R. R. #5 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sterling Price Morgan

(a) Residence, No. 3424 S. 22nd, R.R. #5, St. Joseph St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 1 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired farmer
 9. Industry or business in which work was done, as 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) Lafayette County 0
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Thomas G. Morgan
 14. BIRTHPLACE (CITY OR TOWN) Unknown 0
 (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Cynthia Ann Crockett
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Missouri

17. INFORMANT John T. Morgan
 (ADDRESS) St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE K. P. Cemetery DATE May 15, 1938

19. FUNERAL DIRECTOR Bethany, Missouri
 (ADDRESS) 1302 Faraon St., St. Joseph

20. FILED May 14, 1938 Myrtle M. Kauson 811 (Address) Kirkpatrick Bldg.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1938 1938

22. I HEREBY CERTIFY That I attended deceased from May 11, 1938, to May 14, 1938.
 I last saw him alive on May 13, 1938. Death is said to have occurred on the date stated above, at 7:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Protono (Protono) May 11 -
51 -

Other contributory causes of importance:
Protono of bladder ?
Hypersten-
Asperis del gen
 Name of operation none Date of no
 What test confirmed diagnosis clear 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 Frank Hernandez, M. D.
 (Signed) _____

DEC 29 1948

2-3331

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Wilbur F. Kelly
Licensed Embalmer No. Mo. 3946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)