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.

REC'D MAR 9 1939

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

Do not use this space. 6890

1. PLACE OF DEATH
(a) County Jasper
(b) Township Joplin
(c) City Carterville
Registration District No. 407
Primary Registration District No. 5561A
Registered No.
(d) Street No. ..... 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 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

625

2. PRINT FULL NAME Harvey Morgan
(a) Residence, No. Washington + Daugherty St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

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~~ Ruth Morgan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13, 1912
7. AGE YEARS 26 MONTHS 2 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner
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) (STATE OR COUNTRY) Carterville Missouri

FATHER
13. NAME W. H. Morgan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sadie McDonald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebr.

17. INFORMANT (ADDRESS) Mrs W H Morgan (Mother) Carterville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bark Memorial DATE Feb 7, 1939
19. FUNERAL DIRECTOR (ADDRESS) Hedge-Nelson Webb City, Mo
20. FILED Feb. 8 1939 J. W. Clark. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4, 1939
22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....
I last saw him ~~alive~~ dead on Feb. 4, 1939. Death is said to have occurred on the date stated above, at 1:45 P m. 2/4/39
The principal cause of death and related causes of importance were as follows:
Fractured skull in mine accident
Date of onset
201 M
Other contributory causes of importance:
Name of operation none Date of ✓
What test confirmed diagnosis? — Was there an autopsy? Investigation
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2/4/, 1939
Where did injury occur? Jasper County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At mine
Manner of injury mine accident
Nature of injury Fractured skull
24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify working under ground in mine
(Signed) A. A. Winchester, Coroner, M. D.
369 (Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-39-490
Date Filed MAR 6 1939

STATEMENT BY LICENSED EMBALMER

I, E. M. Ledyle, Licensed Embalmer No. 2859

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed E. M. Ledyle

Licensed Embalmer No. 2859

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