REC'D APR 25 1939

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

12023
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph 2 Registration District No. 735
(b) Township 1 Primary Registration District No. 3034 Registered No. 56
(c) City Moberly (d) Street No. 312 So. Williams 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

625

2. PRINT FULL NAME John H. Morgan
(a) Residence, No. 312 So Williams 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: Ora Fay Morgan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 16th 1887
7. AGE: YEARS 51 MONTHS 9 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
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): Mo 0

FATHER
13. NAME: James A. Morgan 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky — 0

MOTHER
15. MAIDEN NAME: Mary V Grant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs Ora Fay Morgan Moberly, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo DATE March 15th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mahan and Son Moberly, Mo
20. FILED Mar 15, 1939 Leah Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 11th, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to Mar. 11, 1939
I last saw him alive on Mar 11, 1939. Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:
Valvular Heart Dis — Date of onset: 7 yrs ago
Other contributory causes of importance: Ch. Nephritis
Name of operation: None Date of
What test confirmed diagnosis? Clin Signs & Symph 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
(Signed) C. Smith, M. D.
925 (Address) Moberly, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

RECEIVED
District Health Officer No. 10
District File Number 10-39-703
Date Filed APR 17 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo.

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.)

If this body is not embalmed, above space should be left blank.