Dr. H.M. Henrickson.

JUL 13 1939

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

Do not use this space.

3

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No. 21677

Township Poplar Bluff — Primary Registration District No. 5131 — Registered No. 156

City ..... (No. Morocco district. ..... St. ..... Ward)

2. FULL NAME Louis Morgan

(a) Residence, No. R.F.D. Poplar Bluff 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Negro	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1938

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	5	5	

OCCUPATION

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

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) Poplar Bluff, Missouri 0

FATHER

13. NAME Henry Morgan 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Tennessee 1

MOTHER

15. MAIDEN NAME Virginia Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale, Mississippi

17. INFORMANT (ADDRESS) Henry Morgan R.F.D. ..... Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL Morocco Cemetery
PLACE Butler Co., Mo. DATE June 25 1939

19. UNDERTAKER (ADDRESS) Frank Und. Co. Poplar Bluff, Missouri

20. FILED 6/25 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-18, 1934, to 6-24, 1934

I last saw him alive on June 18, 1934 Death is said to have occurred on the date stated above, at 8:00P m.

The principal cause of death and related causes of importance were as follows:

acute ileo colitis — Date of onset 6-17-39

Other contributory causes of importance: 119 b

Name of operation [illegible] Date of .....

What test confirmed diagnosis? [illegible] 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) Tom Henrickson, M. D.

(Address) Poplar Bluff Mo.

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.