

JUL 18 1939

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

Do not use this space.

22504

1. PLACE OF DEATH  
 County Lafayette Registration District No. 464  
 Township Clay Primary Registration District No. 4277  
 City Adessa Mo. (No. ....) St. .... Ward ....  
 2. FULL NAME Frank Downing Morgan  
 (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 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Mrs Ida Morgan  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 11 19  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 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) Mt. Vernon Kentucky  
 13. NAME John Morgan  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roberson Co. Kentucky  
 15. MAIDEN NAME Amelia Hoop  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansman

17. INFORMANT Ida Morgan  
 (ADDRESS) Adessa Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Adessa Mo. DATE 5/26 1939  
 19. UNDERTAKER Chiroc Huns  
 (ADDRESS) Adessa Mo.  
 20. FILED May 25, 1939 Mrs. E. M. Goodwin  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1939  
 22. I HEREBY CERTIFY That I attended deceased from Oct. 23 1934 to May 19 1939  
 I last saw him alive on May 19 1939 Death is said to have occurred on the date stated above, at 10:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary thrombosis (Date of onset) 94  
Coronary thrombosis  
 Other contributory causes of importance: Attack of Angina pectoris  
hypertension  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis clinical 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) R. Schlegel M. D.  
Adessa Mo. (Address) 416

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2  
50M-10-22-36  
I 20314

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.

54  
88  
0

2  
1

464  
4277

625 Frank Downing Morgan

3 yrs. 6 mos.

How long in U. S., if of foreign birth? yrs. mos. ds.

OCCUPATION

MOTHER FATHER

Coronary thrombosis  
(Coronary thrombosis)

Attack of Angina pectoris  
hypertension

R. Schlegel M. D.  
Adessa Mo. (Address) 416

RECEIVED  
District Health Officer No. 8,  
District File Number 7/11/39  
Date Filed .....