

USE'D JUL 17 1939

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

22937
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 665
(b) Township _____ Primary Registration District No. 3732
(c) City Sedalia Mo (d) Street No. _____ St. _____
(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.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
625 William Heatley Morgan
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-30-1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 1 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Pettis County

13. NAME William Heatley Morgan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County

15. MAIDEN NAME Fannie Grimes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County

17. INFORMANT (ADDRESS) Gene Johnson
110 West Cooper

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia DATE June 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. P. Alexander
400 West Cooper St.

20. FILED 6-27, 1939 Miss Harry Sneed
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24, 1939
22. I HEREBY CERTIFY, That I attended deceased from 6-9, 1939 to 6-24, 1939
I last saw him alive on 6-24, 1939. Death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Other contributory causes of importance: 131 Anterior Sclerosis myomastitis

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? X

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? _____
If so, specify _____ (Signed) C. R. Woodson, M. D.
(Address) 116 1/2 W. Union

WRITE PLAINLY, WITH UNWADING 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.

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Date Filed 1/3/39
District File Number _____
District Health Officer No. 8,
RECEIVED

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, _____

Marie Alexander, or by _____

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

Signed Marie Alexander

Licensed Embalmer No. 3572

P. O. Address 400 W Cooper

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.