

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

29585
 Do not use this space.

REC'D SEP 8 1939

1. PLACE OF DEATH 2

(a) County Linn Registration District No. 496

(b) Township Brookfield Primary Registration District No. 3025

(c) City Brookfield (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 Mack Morgan

(a) Residence, No. 324 E Brook 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 Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 - 1861

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
| | 78 | 0 | 7 | |

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) St Catherine Mo

FATHER

13. NAME Jack Morgan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Catherine Mo

MOTHER

15. MAIDEN NAME Jane Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Catherine Mo

17. INFORMANT (ADDRESS) W & Morgan Brookfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation Mo DATE Aug 5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hunter R Ballin Brookfield Mo

20. FILED Sept 1 1939 Brookfield Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1928 to Aug 2 1939

I last saw him alive on Aug 2 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Date of onset

Chronic Endocarditis 1932
Myocardial Infarction

Other contributory causes of importance: 92W

Name of operation _____ Date of _____

What test confirmed diagnosis? None 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) Roy R Haley M.D.
 (Address) Brookfield 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.

RECEIVED

District Health Officer No. 11;

District File No.

File No.

SEP 5

1939

939-1110

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..... *L. W. Robbins*.....

Licensed Embalmer No. *11464*.....

P. O. Address *Brookfield, Ill.*.....

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.