

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

Do not use this space.

1939 OCT 18 1939

33268

83

1. PLACE OF DEATH

County Platte

Registration District No. 696

Township May

Primary Registration District No. 5928

City 635

(No. _____)

St. _____

Ward) _____

2. FULL NAME

(a) Residence, No. Platte City R.F.D., St. _____

(Usual place of abode)

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. _____ mos. _____ ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Moses Morton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 1873

7. AGE YEARS 65 MONTHS 11 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Missouri

13. NAME John Gregg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mariah Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs John Mays (ADDRESS) 4019 Pleasant Ave. S.W.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkville Mo DATE Sept 27 1939

19. UNDERTAKER Noland (ADDRESS) Parkville Mo

20. FILED 9/30 1939 Mrs Francis E. Murray (Address) _____

By William P. Ham Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 39

22. I HEREBY CERTIFY That I attended deceased from Sept 1 1939 to Sept 25 39

I last saw him alive on Sept 25 39 Death is said to have occurred on the date stated above, at _____ m.

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

Cardiac Decompensation
Myocardial Infarction
Bronchopneumonia
Arteriosclerosis

Date of onset _____

Other contributory causes of importance: g5b

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Hedderwood, M. D.

(Address) _____

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.

50M-10-22-38

RECEIVED

District Health Officer No. 11,

District File Number 1039-1233

Date Filed OCT 4 1939