Dr. Lusk.

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

Do not use this space.

FILED OCT 11 1940

31340

1. PLACE OF DEATH
County Bates
Township Lone Oak
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 53
Primary Registration District No. 5083

File No. .....
Registered No. 36

2. FULL NAME Minnie Pearl Morgan
(a) Residence, No. RFD #4 Rich Hill Mo. 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: 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: Chas. Morgan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 13-1892

7. AGE: YEARS 48 | MONTHS 2 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
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): Eagleville Missouri 0

FATHER
13. NAME: R.E. Romesburg 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois 0

MOTHER
15. MAIDEN NAME: Sarah Luper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Chas. Morgan RFD #4 Rich Hill Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Sep.7/40 19

19. UNDERTAKER (ADDRESS): Booth Funeral Service Rich Hill Missouri 56

20. FILED Sept. 7 1940 Claude J. Allen M.D. R.S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 3/40, 19

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1940 to Sept 3, 1940.
I last saw her alive on July 25, 1940. Death is said to have occurred on the date stated above, at 8AM m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid

Date of onset

Other contributory causes of importance: 46

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? .....
If so, specify .....
(Signed) Chas. A. Lusk Jr. M.D.
(Address) Butler, 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. 7,
District File Number 10-40-1454
Date Filed 10-9-40