FILED FEB 25 1941

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

Do not use this space.

4656

1. PLACE OF DEATH
County Texas
Township Current
City (No. 1 St. 0 Ward)
Registration District No. 866
Primary Registration District No. 6146
File No. 107
Registered No. 0

2. FULL NAME Troy Morgan
(a) Residence, No. Hartshorn St., Mo Ward. 0
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) 0

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-19-1941

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 hrs. or min.

OCCUPATION
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) Hartshorn Mo 0

FATHER
13. NAME Vincen Riley Morgan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartshorn Mo 0

MOTHER
15. MAIDEN NAME Ada A Gale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartshorn Mo 0

17. INFORMANT (ADDRESS) Nellie Hayes Hartshorn Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch DATE 1-20 1941

19. UNDERTAKER (ADDRESS) Hughbors Hartshorn 7 [illegible]

20. FILED 2-1 1941 Maggie E Murfin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-19, 1941

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... 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:

	Date of onset
Natural cause	

Other contributory causes of importance: 200W

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? 9
If so, specify .....
(Signed) Maggie E Murfin L.R.
(Address) Hartshorn 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.

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istrict Health Officer No. 5,
istrict File Number 241151
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