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

Do not use this space.

1. PLACE OF DEATH
County Stoddard — Registration District No. 837 — File No. 26250 a
Township Castor — Primary Registration District No. 6099 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Miles Morgan
(a) Residence. No. ..... 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28-1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	3	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Miles Morgan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) O.K.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Jane Page
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) O.K.
(STATE OR COUNTRY)

14. INFORMANT W. F. Morgan
(Address) Advance

15. FILED 9-10, 1927 S. S. Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 1927

17. I HEREBY CERTIFY, That I attended deceased from July 20th, 1927, to Aug 1st, 1927 that I last saw him alive on July 28th, 1927, and that death occurred, on the date stated above, at 19 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation
131
99A
19
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
O.K. (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129W
(?) DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) S. S. Davis, M. D.
, 19 (Address) Bloomfield

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Home Cemetery — DATE OF BURIAL: Aug 3rd 1927

20. UNDERTAKER: Jas. A. Chiles — ADDRESS: Byrd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.