

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.

MAR 28 1930

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

Do not use this space.

5651

1. PLACE OF DEATH

County Macon
Township Macon
City Macon (No.)

Registration District No. 533
Primary Registration District No. 3027

File No.
Registered No. 10
St. Ward

2. FULL NAME

Dorothy Pohlman Morgan

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M -

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 4 - 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 4 -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Macon
(STATE OR COUNTRY) MO

10. NAME OF FATHER Geo Pohlman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Macon
(STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Lillian Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Palmyra
(STATE OR COUNTRY) MO

14. INFORMANT Mrs Geo Pohlman
(Address) Macon MO

15. FILED 11.31 Mrs Luke Deukler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1930 to Feb 3 1930 that I last saw her alive on Feb 3 1930, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis
11 B
91 A (Infection) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY) Influenza yrs. mos. 3 ds.
(duration)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...
DID AN OPERATION PRECEDE DEATH? NO DATE OF ...
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS A. G. Gwynne M.D.
(Signed) 2-6, 1930 (Address) Macon MO

*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 Oakwood DATE OF BURIAL Feb 6 1930

20. UNDERTAKER Albert Skinner ADDRESS Macon

