N. B.—Every item of information should be carefully supplied. AGE should be given in years, months and days. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

Do not use this space.

37775

File No. .....

Registered No. 10869

1. PLACE OF DEATH

County .....

Township .....

City St. Louis Mo. (No. City Hospital #2 .....St. .....Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME BABY MORGAN

(a) Residence. No. 2728 GAMBLE St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	Col	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-4-30

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or 45 min.
	—	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work NONE
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Bennie Morgan

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

14. INFORMANT A. Gertrude Creath
(Address) City Hospital #2

15. NOV 18 1930 FILED ..... 19.. Henry C. Sampleton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-14- 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-14- 1930, to 11-14- 1930, that I last saw h. alive on 11-14- 1930, and that death occurred, on the date stated above, at 1:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity

(duration) ..... yrs. ..... mos. ..... ds.

Congenital

CONTRIBUTORY (SECONDARY) Unknown

(duration) ..... yrs. ..... mos. ..... ds.

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? Clinical
(Signed) Henry C. Sampleton M. D.
11-15-1930 (Address) City Hospital #2

*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 Potters Field

DATE OF BURIAL 11-20- 1930

20. UNDERTAKER Roy Acton

ADDRESS 2448 Lawton