

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.

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Caldwell,Registration District No. 93Township Davis,Primary Registration District No. 4055City Braymer,

(No. _____)

St. _____

Ward _____

2. FULL NAME Elizabeth 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

Female,

4. COLOR OR RACE

White,5. WIDOWED,(write the word)
Widowed,5A. IF WIDOWED,

(OR) WIFE OF

Edward Morgan,6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August-26th-1846

7. AGE

84

MONTHS

6

DAYS

11

If LESS than 1

day, _____ hrs.

or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Keeper,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

House Work,10. Date deceased last worked at this occupation (month and year) March-2nd-193111. Total time (years) spent in this occupation 70-yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Carnarvon,
Wales.

13. NAME

William Evans,

FATHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Carnarvon,
Wales,

MOTHER

15. MAIDEN NAME

Catherine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Carnarvon,
Wales,

17. INFORMANT (ADDRESS)

Mrs. W. R. Amey
Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Low Gap Cemetery-Mar.-11th-1931

19. UNDERTAKER (ADDRESS)

E. J. Michael
Braymer, Mo.

20. FILED

Mo. #8. 1931 H. H. Patterson

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 193122. I HEREBY CERTIFY, That I attended deceased from March 3, 1931, to March 7, 1931I last saw her alive on March 7, 1931. Death is saidto have occurred on the date stated above, at 69 m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

Mar. 3-31

Other contributory causes of importance:

General ArteriosclerosisName of operation none Date of _____What test confirmed diagnosis Clinical symptoms as an autopsy? no

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? no

If so, specify _____

(Signed) Geo. S. Dowell

M. D.

(Address) Braymer Mo

21 . 9 - 7 8

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