WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

AUG 24 1932

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

Do not use this space.

22701

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
48 Township Blue — Primary Registration District No. 5554 — Registered No. 219
City Independence (No. 8 miles East of Indep Mo St. Ward)

2. FULL NAME Wm H Morgan
(a) Residence, No. 1110 Euclid Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Carrie S. Morgan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) approximately 1887

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Oklahoma

FATHER
13. NAME John Wakefield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

MOTHER
15. MAIDEN NAME Mandy Graves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Carrie S. Morgan 1110 Euclid ave

18. BURIAL, CREMATION, OR REMOVAL Highland Cemetery DATE 7-5-32

19. UNDERTAKER (ADDRESS) Flynn & Greenstreet 1819 E. 15 St. Kc Mo

20. FILED July 5 1932 H Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-1-1932

22. I HEREBY CERTIFY, That I attended deceased from Dep Coroner, 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
R.R. & Auto Traumatism	
Body Completely Dismembered (7)	

Other contributory causes of importance:

Same

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide~~? Date of injury 7-1-, 1932
Where did injury occur? 8 miles East of Indep. (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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Independence Mo