

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.

OCT 20 1933

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

Do not use this space.

28793

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, (No. 2807 Monteray) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 895

**2. FULL NAME** George Allen Morgan,

(a) Residence, No. 2807 Monteray St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	70	3	2	

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

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

10. Date deceased last worked at this occupation (month and year) Sept. 1, 1933 11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Catherine Mo.

13. NAME Daniel Morgan

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

15. MAIDEN NAME Elizabeth Anna Chapman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown New York

17. INFORMANT (ADDRESS) Mrs Cora B. Morgan 2807 Monteray Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Island, Nebr DATE Sept. 9, 1933

19. UNDERTAKER (ADDRESS) Theodor Betty Gale & Brewster 319 So. 10th St. Kansas City

20. F. SEP 8 1933 John R. Bender Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933, to Sept 7, 1933  
 I last saw him alive on Sept 1, 1933 at 3:20 p.m. Death is said to have occurred on the date stated above, at 6 m.

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

Hypertension with  
infarct  
51A  
133A  
51  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation Myocardectomy Date of Aug 1, 33  
 What test confirmed diagnosis? microscopic 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 \_\_\_\_\_, 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 HTA  
 (Signed) W. H. Walker, M. D.  
 (Address) 301 N. 8th St. Joseph, Mo.

