

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.

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

Do not use this space.

3550

PLACE OF DEATH

County Saline  
Township Marshall  
City Marshall, Mo.

Registration District No. 196  
Primary Registration District No. 3038

File No. \_\_\_\_\_  
Registered No. 7990  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Infant 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1934

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

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

FATHER 13. NAME Herbert Morgan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory, Mo.

MOTHER 15. MAIDEN NAME Hattie McLean

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton, Mo.

17. INFORMANT (ADDRESS) Herbert Morgan Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton, Mo. DATE Jan 5, 1934

19. UNDERTAKER (ADDRESS) near Edwards, Mo.

20. FILED 1/5/34 1934 Nellie Page Registrar.

MEDICAL CERTIFICATE OF DEATH

1. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1934

22. I HEREBY CERTIFY, that I attended deceased from 1-1, 1934, to 1-5, 1934

I last saw him alive on 1-5, 1934. Death is said to have occurred on the date stated above, at 2 P. M.

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

Congenital Hydrocephalus Date of onset 157a

Other contributory causes of importance: 157a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? symptom Was there an autopsy? \_\_\_\_\_

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) E. J. Warren D.O. M. D.  
(Address) Marshall, Mo.

