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.

JAN 10 1937

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

Do not use this space.

46869

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Masonic Hospital St. 12091 Ward)

File No. .....

Registered No. .....

2. FULL NAME Col. Houston N. Morgan,

(a) Residence, No. 5351 Delmar Blvd. St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 5 mos. 18 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Elizabeth C. Morgan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1858

7. AGE: YEARS 78 | MONTHS 7 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME W. W. Morgan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor, Vermont

MOTHER
15. MAIDEN NAME Hannah Reinhardt,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockway, L. I., New Jersey

17. INFORMANT (ADDRESS) Wilmoth Waller 5351 Delmar City

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE MT. LEBANON DATE 12/28/1936

19. UNDERTAKER (ADDRESS) KRAEGER-VOSS-FIX 3402 N. KINGSHIGHWAY

20. FILED DEC 26 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1933, 19..., to December 25, 1936, 19...

I last saw him alive on Dec. 24, 1936, 19..... Death is said to have occurred on the date stated above, at 9.00 A. M.

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

	Date of onset
Cerebral Hemorrhage	5 Wks.
Other contributory causes of importance:	
Hypertension	2 Yrs.

Name of operation ---------- Date of ----

What test confirmed diagnosis? Phy. Ex. 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) Dolan Cameron, M. D.

(Address) 508 N. Grand Blvd.

100M-11-24-33