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

JUN 17 1937

Do not use this space.

19459

1. PLACE OF DEATH
County BUCHANAN — Registration District No. 2 — File No.
Township ~~WASHINGTON~~ — Primary Registration District No. 501 — Registered No. 550
City ST. JOSEPH, (No. 712 NORTH 23RD ST. St. Ward)

2. FULL NAME MRS. MAUDE MORGAN
(a) Residence, No. 712 NORTH 23RD ST. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 57 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. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: WIFE OF CLEVELAND MORGAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC. 7, 1871

7. AGE: 35 — YEARS: 65 — MONTHS: 5 — 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.: HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: HOME
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): LINCOLN, NEBRASKA

FATHER
13. NAME: JOHN PERKINS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

MOTHER
15. MAIDEN NAME: ELLA YOUNG
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): CLEVELAND S. MORGAN, HUSBAND 712 N. 23RD ST. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK CEM. DATE MAY 10, 1937, 19

19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH MO

20. FILED May 10, 1937 H. J. Nestlebush By L.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 7, 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1936 to 5-7, 1937
I last saw her alive on 5-7, 1937. Death is said to have occurred on the date stated above, at 10:10 m. A
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/4/37
Other contributory causes of importance:	
Endocarditis Chr	unknown
Hypertension	"
Arteriosclerosis	"

Name of operation: Date of
What test confirmed diagnosis? Clinical 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
(Signed) C. S. Transou M. D.
(Address) 620 Francis St