

JUL 31 1937

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

Do not use this space.

24653

1. PLACE OF DEATH

County *Putnam*
Township *Richland*
City (No.) (St.) (Ward.)

Registration District No. *722*
Primary Registration District No. *5983*

File No.
Registered No. *2*

2. FULL NAME

Elizabeth 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single* (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 2-1888*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 79 4 2

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

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

10. Date deceased last worked at this occupation (month and year) *June 1, 1936* 11. Total time (years) spent in this occupation *all*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Fayette Co. Ohio*

13. NAME *Timothy Morgan*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

15. MAIDEN NAME *Mary O'Donald*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT (ADDRESS) *Walter T. Morgan, Unionville, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Thompson Cem* DATE *July 8, 1937*

19. UNDERTAKER (ADDRESS) *Comstock Trust Co, Unionville, Mo.*

20. FILED *July 10, 1937* *W M Hill* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 7, 1937*

22. I HEREBY CERTIFY that I attended deceased from *June 7, 1930* to *July 7, 1937*. I last saw her alive on *July 2nd, 1937*. Death is said to have occurred on the date stated above, at *190 P.M.*

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

Cancer, uterus & bladder. Cervix uteri primary Date of onset *Apr 1936*

Other contributory causes of importance: *Nephritis Chron* *Jan 1930*

Name of operation Date of What test confirmed diagnosis? 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 *1*

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) *J Paul Martin*, M. D. (Address) *Unionville*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Putnam
Township Richland
City..... (No..... St..... Ward.....)

Registration District No. 722
Primary Registration District No. 5933

File No. 24693
Registered No.....

2. FULL NAME Elizabeth Morgan

(a) Residence, No..... St..... Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 4 5

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)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from..... 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:

Cerebral enterus and atherosclerosis Date of onset

Cervix uteri primary

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify.....

(Signed) J. Neal Martin, M. D.
(Address) Unionville, Miss

SUPPLEMENTARY

24653