

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

34388
Do not use this space.

NOV 16 1938

1. PLACE OF DEATH

(a) County..... 2 Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City..... (d) Street No. **3517 Clark Ave** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel R Morgan

(a) Residence, No. **3517 Clark ave** St. **18** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 15 - 1866**

7. AGE YEARS **75** MONTHS **3** DAYS **11** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Porter**
 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) **Baton Rough La**

FATHER 13. NAME **Alexander Morgan**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Baton Rough La**

MOTHER 15. MAIDEN NAME **Elizabeth Givens**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Baton Rough La**

17. INFORMANT (ADDRESS) **Birdie Morgan 3517 Clark Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Green Wood** DATE **Oct 29 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Pinkie L. Toney 3129 Lucas Ave**

20. FILED **OCT 28 1938** **John Bredek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-26-38**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1** 19**37**, to **Oct 26** 19**38**
 I last saw him alive on **Oct 26** 19**38** Death is said

to have occurred on the date stated above, at **1:40 p.m.**

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

Chronic Parenchymatous Nephritis
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Other contributory causes of importance: **None**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) **W. S. Connelley** M. D.
 (Address).....

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by....., Registered Apprentice No.

working under my personal supervision.

Signed *Clark Young*

Licensed Embalmer No. *3379*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)