

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

Do not use this space.

MAR 25 1936

7432

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Plat River (No.)

Registration District No. 224
Primary Registration District No. 4465

File No. 280
Registered No.
St. Ward)

2. FULL NAME Mrs. David M. Morgan

(a) Residence, No. Plat River 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mercedes Martin Morgan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 24 - 1874</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>2</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wier Captain</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>St. Louis Lead Co</u>
	10. Date deceased last worked at this occupation (month and year) <u>12/20/35</u>
	11. Total time (years) spent in this occupation <u>35</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bain, Idaho

13. NAME David

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

15. MAIDEN NAME David

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

17. INFORMANT Mrs. Mercedes M. Morgan
(ADDRESS) Plat River, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park View DATE February 17th 1936

19. UNDERTAKER Alvin W. Hood
(ADDRESS) Plat River, Mo.

20. FILED 2/19 1936 O. B. Shannon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1932, to 2/15, 1936

I last saw him alive on 2/15, 1936 Death is said to have occurred on the date stated above, at 12:30 p. m.
The principal cause of death and related causes of importance were as follows:

acute dilation of heart Date of onset 2/15/36

Other contributory causes of importance:
Chronic Bronchitis with asthma
arteriosclerosis & chronic myocarditis with hypertrophy, chr.

Name of operation none Date of none
What test confirmed diagnosis history & physical exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19....
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Paul L. Jones, M. D.
(Address) Plat River, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

