

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

Do not use this space.

40726

1. PLACE OF DEATH

County Moniteau
Township Walker
City California (No. _____)

Registration District No. 521
Primary Registration District No. 4335

File No. _____
Registered No. 55
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. California 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20 1858

7. AGE YEARS 82 MONTHS 4 DAYS ✓ If LESS than 1 day, _____ hrs. or _____ min.

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) California

13. NAME Robert Morgan

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

15. MAIDEN NAME Mary

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

17. INFORMANT H. B. Morgan (ADDRESS) California

18. BURIAL, CREMATION, OR REMOVAL PLACE California M.D. DATE Dec 22 1932

19. UNDERTAKER J. M. ... (ADDRESS)

20. FILED 12-21-1932 Gas. M. Roth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1932, to 12-20, 1932

I last saw her alive on 12-17, 1932 Death is said

to have occurred on the date stated above, at 5 P m.

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

Arteriosclerosis
82 P 82 W

Other contributory causes of importance: Paralytic stroke 10-21-32

Name of operation None 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? NO

If so, specify _____

(Signed) H. B. Pospisay, M. D.

(Address) California Mo

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.

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