

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

MAY 25 1934

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

Do not use this space.

10113

1. PLACE OF DEATH

89 County Ray Registration District No. 743 File No. \_\_\_\_\_  
Township Orick Primary Registration District No. 5978 Registered No. 5  
City Near Orick (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sarah 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 (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Morgan  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/23/1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 11 23

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/7/34 1934  
22. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1925 to March 16, 1934  
I last saw her alive on March 15, 1934. Death is said to have occurred on the date stated above, at 2 P. M.  
The principal cause of death and related causes of importance were as follows:

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.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

Date of onset  
Pulmonary Tuberculosis  
J. R. [Signature]  
Other contributory causes of importance:  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

FATHER  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo  
13. NAME Wm Wilson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

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 \_\_\_\_\_

MOTHER  
15. MAIDEN NAME Evelyn Braddie  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo  
17. INFORMANT Mr Pearley Rimmer  
(ADDRESS) Orick Mo

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Robt. Sheets, M. D.  
(Address) Orick Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Rowland Cent DATE 3/17 1934  
19. UNDERTAKER C. V. Gibson  
(ADDRESS) Orick  
20. FILED 5-8, 1934 J. H. [Signature] Registrar.

