

Dist No. 350

## CERTIFICATE OF DEATH

163

Serial No. 533

1. NAME OF DECEASED (Type or print)			a. (First)	b. (Middle)	c. (Last)	2. DATE OF DEATH (Month) (Day) (Year)		
HARRY			RICHARD	MORGAN	JUNE 28, 1962			
3. PLACE OF DEATH a. COUNTY				4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				b. COUNTY
OHIO				W.V.A.				OHIO
b. CITY or TOWN		c. LENGTH OF STAY IN CITY or TOWN		c. CITY or TOWN				
WHEELING		DOA		WHEELING				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS				
WHEELING HOSPITAL				12-16TH STREET				
e. IS PLACE OF DEATH INSIDE CITY LIMITS?				e. IS RESIDENCE INSIDE CITY LIMITS?		f. IS RESIDENCE ON A FARM?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR		
MALE	WHITE	WIDOWED <input checked="" type="checkbox"/>	DIVORCED <input type="checkbox"/>	NOV. 10, 1878	83	8	18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
pro ball player		Baseball		POMEROY, OHIO				
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				
WILLIAM G.				ALWILDA BROOKES				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY No.		17. INFORMANT		Address	
			271-14-7989		VICTOR E. MORGAN		BRIDGEPORT, C.	

MEDICAL CERTIFICATION	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]						INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY:						2 DAYS	
	IMMEDIATE CAUSE (a) CORONARY OCCLUSION							
	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						1 YR.	
	DUE TO (b) ARTERIOSCLEROSIS							
	DUE TO (c)							
PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year, Hour M.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK At WORK		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY or TOWN		COUNTY STATE		
21. I attended the deceased from JUNE 5, 1962, to JUNE 28, 1962 last saw the deceased alive on JUNE 27, 1962		Death occurred at 9:00 a. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE THOMAS M. KLUG			22b. ADDRESS M.D. WHEELING, W.V.A.		22c. DATE SIGNED 6-29-62			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
BURIAL		6-30-62	RIVERVIEW CEM.		MARTINS FERRY, OHIO			
24. DATE REC'D. BY LOCAL REG.		25. REGISTRAR'S SIGNATURE			26. FUNERAL DIRECTOR			
6-29-62		CAROLYN MILLER			FIELDS WHG., W.V.A.			