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

Do not use this space.

10374

1. PLACE OF DEATH
County St Francois — Registration District No. 774 — File No. 25
Township — Primary Registration District No. 4465 — Registered No.
City Flat River (No. ..... St. ..... Ward)

2. FULL NAME Harold Lynton Moran
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 22-1928
7. AGE: YEARS | MONTHS | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Flat River
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Ralph Moran
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Libertyville Mo.
12. MAIDEN NAME OF MOTHER Begetta Claywell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Flat River Mo.

14. INFORMANT Ralph Moran
(Address) Flat River Mo

15. FILED April 9, 1928 F. L. Keith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 27 19

17. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1928, to Mar 27, 1928, that I last saw him alive on Mar 27th, 1928, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature + undeveloped
159
158
1 6 1 a (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T. L. Haney, M. D
(Address) Flat River Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Wood Lawn Cemetery — DATE OF BURIAL: Mar 28 1928
20. UNDERTAKER: Raymond Caldwell — ADDRESS: Elvins

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.