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.

2 2 2 131

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

Do not use this space.

18187
2232

1. PLACE OF DEATH U.S.VET.HOSPITAL,
County JACKSON Registration District No. 399 File No.
Township Kaw Primary Registration District No. 002 Registered No.
City KANSAS CITY, (No. U S Veterans Hosp St. Ward)

2. FULL NAME MORELAND, Stanley P. Missouri. C- 1,227,668
(a) Residence. No. 4420 Main, Kansas City, Missouri. Ward. Pvt.Co.B. 129th Mg.Bn.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	33	1	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bond Salesman.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Idaho Springs, Colorado.
(STATE OR COUNTRY) Colorado.

PARENTS
10. NAME OF FATHER John Herbert Moreland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Holmes County,
(STATE OR COUNTRY) Ohio.
12. MAIDEN NAME OF MOTHER Jennie E. Payne
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Port Clinton,
(STATE OR COUNTRY) Ohio.

14. INFORMANT Mother, Mrs. Jennie E. Moreland,
(Address) 4420 Main, Kansas City, Missouri.

15. FILED 5/15, 1929 M M Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14, 1929.

17. I HEREBY CERTIFY, That I attended deceased from April 9, 1929, to May 14, 1929 that I last saw him alive on May 14, 1929 and that death occurred, on the date stated above, at 1:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, pulmonary, chronic,
Advanced "C", with Multiple Cavities.

23A (duration) Unknown. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown.
DID AN OPERATION PRECEDE DEATH? No. DATE OF ——
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & X-Ray.

(Signed) W.E. Chambers, M. D.
F.S. 5/15, 1929 (Address) W.E. CHAMBERS, Medical Off.in Chge., U.S. VETERANS' HOSPITAL, K.C.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	DATE OF BURIAL
Cremation	May 16 1929
20. UNDERTAKER	ADDRESS
Dall Newcomers Sons	K.C. Mo