Dr. Johnson

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

Do not use this space.

34845

1. PLACE OF DEATH

County Johnson — Registration District No. 431 — File No.

Township ~~Warrensburg,~~ — Primary Registration District No. 3023 — Registered No.

City Warrensburg, (No. , St. Ward)

2. FULL NAME John Moriarty

(a) Residence, No. 501 So Warren St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 24 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan, 8. 1860

7. AGE: YEARS 71 — MONTHS 9 — DAYS 13 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Lexington, Mo

FATHER

13. NAME: Patrick Moriarty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Julia Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): John Moriarty Jr Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrensburg DATE Oct, 28 1931

19. UNDERTAKER (ADDRESS): S. R. Sweeney Warrensburg, Mo

20. FILED Oct 28 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct, 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1931, to Oct 26, 1931

I last saw him alive on Oct 26, 1931. Death is said to have occurred on the date stated above, at 11 A m.

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

Cirrhosis of liver — Date of onset 3

124B

124B

Other contributory causes of importance

Name of operation — Date of

What test confirmed diagnosis? Unusual — Was there an autopsy? No

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?

If so, specify

(Signed) [signature], M. D.

(Address) Warrensburg Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Johnson — Registration District No. 431

Township: — Primary Registration District No. 3023

City: Warrensburg (No. ..., St. ..., Ward)

File No. ...

Registered No. ...

2. FULL NAME John Moriarty

(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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	M

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

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

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

OCCUPATION

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)

FATHER

13. NAME ...

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

MOTHER

15. MAIDEN NAME ...

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

17. INFORMANT ... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL?

PLACE ... DATE ..., 19...

19. UNDERTAKER ... (ADDRESS)

20. FILED Oct 28, 1931 Mrs R Gallesoit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 19 31

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.

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

	Date of onset

Other contributory causes of importance:

Name of operation ... 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? ...

If so, specify ...

(Signed) ..., M. D.

(Address) ...

SUPPLEMENTARY

S-34845