

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

Do not use this space.

41532

**1. PLACE OF DEATH**

County Marion  
Township Johns  
City Johns (No.        St.        Ward       )

Registration District No. 5-46  
Primary Registration District No. 5735

File No.         
Registered No. 18

**2. FULL NAME**

(a) Residence, No.        St.        Ward         
(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 M. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF       

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 - 1930

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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 none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richy Mo

13. NAME John Bailey

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

15. MAIDEN NAME Opel Moreland

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

17. INFORMANT (ADDRESS) J H Moreland Richy Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Cn DATE 12-28 1932

19. UNDERTAKER (ADDRESS) W H Hooker Richy Mo

20. FILED Jan 5 1932 John S. Warner Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1931, to only that date 1931

I last saw him alive on Dec 27 1931. Death is said

to have occurred on the date stated above, at 4:00 P. M.

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

Membranous Croup 11/2  
(Diphtheria)

10

Other contributory causes of importance: 10

Name of operation        Date of         
What test confirmed diagnosis?        Was there an autopsy? Yes

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? No

If so, specify       

(Signed) J H Moreland, M. D.

(Address) Richy Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

