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

Do not use this space.

1. PLACE OF DEATH

County: Barry
Township: Crooked Creek
City: (No. , St. Ward)

Registration District No.: 29 Doggett
Primary Registration District No.: 5044b

File No.: 3661
Registered No.: 6

2. FULL NAME: Carral Vester Moreland

(a) Residence, No.: Galena Mo R1 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 15 1932

7. AGE: Years | Months | Days: 23 | 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): Barry Co 1

FATHER

13. NAME: Henry Moreland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark 2

MOTHER

15. MAIDEN NAME: Pauline Barney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barry Co Mo 1

17. INFORMANT (ADDRESS): Henry Moreland Galena Mo R1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hilton Cem DATE: 2 9 32

19. UNDERTAKER (ADDRESS): W Hilton Galena Mo

20. FILED: Mar 9 1932 Jas H. R. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-8 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932 to 2-8 1932
Last saw h... alive on 2-5 1932. Death is said to have occurred on the date stated above, at 8 15 a.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Undeveloped	
15 8.	
15 8	

Other contributory causes of importance: Mother had Typhoid fever, while carrying baby

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? No
If so, specify

(Signed) J R Doggett, M. D.
(Address) Creek Mo

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.

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