

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.

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

Do not use this space.

40

85

28576

**1. PLACE OF DEATH**

County Buchanan  
Township St. Joseph  
City St. Joseph (No. State Hospital #2)

Registration District No. 1001  
Primary Registration District No. 2

File No. \_\_\_\_\_  
Registered No. 936  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. State Hosp #2 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Albany, Mo  
(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 Male 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) March 26, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75 6 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer

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) Sentry Co. Mo.

13. NAME Hiram Moreland

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

15. MAIDEN NAME Rachel Crand

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown 31

17. INFORMANT (ADDRESS) Heard, State Hosp #2 St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clyburn DATE Sept 29, 1932

19. UNDERTAKER (ADDRESS) Shingler, D. Stamey 216 So. 10th

20. FILED 9-24-32 1932 John P. Bender Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15 to Sept 26, 1932

I last saw him alive on Sept 26, 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Chronic Myocarditis (Primo 5/15/32)  
93c (1) 93c  
97  
Cerebral Arteriosclerosis (Primo 5/15/32)

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? No  
If so, specify \_\_\_\_\_

(Signed) Dr. Peyton Smith M. D.  
(Address) St. Joseph Mo

