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.

41685

1. PLACE OF DEATH
County St Louis — Registration District No. 791 — File No.
Township — Primary Registration District No. — Registered No. 10753
City St Louis (No. 3990 Papan St. St. Ward)

2. FULL NAME Walter Moland
(a) Residence, No. 3990 Papan St., 18 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Zadie Moland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 9. — 1898
7. AGE: YEARS 32 — MONTHS 11 — 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.: Labor 48
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tobacco Factory
10. Date deceased last worked at this occupation (month and year): Nov. 30 - 1932
11. Total time (years) spent in this occupation: 4 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): McCrory Ark
FATHER
13. NAME: Andrew Moland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tenn.
MOTHER
15. MAIDEN NAME: Mary Akins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wynn Ark.
17. INFORMANT (ADDRESS): Zadie Moland 3990 Papan
18. BURIAL, CREMATION, OR REMOVAL
PLACE: McCrory Ark DATE: Dec. 7th 1932
19. UNDERTAKER (ADDRESS): C. Young 4400 Skinner
20. FILED: DEC - 5 1932 Max [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/2, 1932
22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1932, to 12/2, 1932
I last saw him alive on 12/2, 1932. Death is said to have occurred on the date stated above, at 4:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastric Ulcer	Abrupt
with hemorrhage	3 dys
1179	
1014	
1170	

Other contributory causes of importance:

Acute Bronchitis	3 dys

Name of operation: None — Date of: No
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) [illegible], M. D.
(Address) [illegible]