SEP 18 1934

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

Do not use this space.

30540

1. PLACE OF DEATH
42 County St Charles — Registration District No. 757 — File No.
4 Township — Primary Registration District No. 3036 — Registered No. 133
8 City St Charles (No. ..., ... St. ..... Ward)

2. FULL NAME M. A. Moran

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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: 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) ?

7. AGE: YEARS 57 | 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. Black Smith
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) Olney Mo

FATHER
13. NAME Wm Moran
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. Y.

MOTHER
15. MAIDEN NAME Medora Edlen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles

17. INFORMANT (ADDRESS) H W Moran Mo Elsberry Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elsberry DATE Aug 6th 1934

19. UNDERTAKER (ADDRESS) W. D. Bradley Elsberry Mo

20. FILED 8/4 1934 Clarence D. Hessler Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25th, 1934, to Aug. 2nd, 1934
I last saw him alive on Aug 2nd, 1934. Death is said to have occurred on the date stated above, at 10:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Cirrhosis of the Liver	Unknown
Addison's Disease (Syphilitic)	Unknown
34	
76	
24	

Other contributory causes of importance:

Bronchopneumonia	2 days

Name of operation No operation Date of —
What test confirmed diagnosis? Kahn Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Blank Date of injury Blank, 19
Where did injury occur? Blank (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Blank
Manner of injury Blank
Nature of injury Blank

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Blank
(Signed) R. O. Hayden, M. D.
(Address) St Charles Mo.

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.