

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.

OCT 22 1934

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

Do not use this space.

32297

1. PLACE OF DEATH
 County Clinton Registration District No. 207
 Township Primary Registration District No. 1125
 City Plattsburg (No.) St. Ward)

2. FULL NAME Ernie Day Moreland
 (a) Residence, No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 31
 Registered No. 22
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Calvin Moreland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 9 - 1901</u>		
7. AGE <u>33</u>	YEARS —	MONTHS —
	DAYS —	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeping</u>		
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) <u>Holt Mo</u>		
13. NAME <u>Normie E Gow</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>		
15. MAIDEN NAME <u>Overbeck</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Platte Co Mo</u>		
17. INFORMANT <u>Calvin Moreland</u> (ADDRESS) <u>Plattsburg Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenlaw - Plattsburg</u> DATE <u>Sept 10 1934</u>		
19. UNDERTAKER <u>S J Wynn</u> (ADDRESS) <u>Plattsburg Mo.</u>		
20. FILED <u>9/10 1934</u> <u>C W Chastain</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1934
 22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1934, to Sept 9, 1934
 I last saw her alive on Sept 9, 1934 Death is said to have occurred on the date stated above, at 8:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Pneumopericarditis
140/110
145/110
 Other contributory causes of importance:
Miss Garage
 Date of onset Sept 9
about Aug 17

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) P. M. Steckman, M. D.
 (Address) Plattsburg Mo

