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.

JUN 4 1935

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

Do not use this space.

15292

1. PLACE OF DEATH
County Shelby — Registration District No. 831 — File No.
Township ~~Black Creek~~ — Primary Registration District No. 4504 — Registered No.
City Shelbyville (No. ..... St. ..... Ward)

2. FULL NAME Osea Ellen Clift 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James F. Moran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 20-1859

7. AGE: YEARS 75 — MONTHS 10 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Mason Co. Ky

FATHER
13. NAME: Silas A. Clift
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Mary Ellen Dye
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mason Co. Ky

17. INFORMANT (ADDRESS): Jas. F. Moran, Shelbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: I.O.A.F. Cemetery DATE: Apr 18 1935

19. UNDERTAKER (ADDRESS): E. P. Thompson, Shelbyville, Mo.

20. FILED: Apr 18, 1935 Pearl Goe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr-16-1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1934, to Apr-16, 1935
I last saw her alive on Apr-12, 1935. Death is said to have occurred on the date stated above, at 10 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	1
Renal Arteriosclerosis	1

Other contributory causes of importance:
Chronic Interstitial ~~Nephritis~~ Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? none 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) P. C. Archer, M. D.
(Address) Shelbyville Mo