

JUN 21 1935

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

Do not use this space.

16264

## 1. PLACE OF DEATH

County Henry Registration District No. 347  
Township Leesville Primary Registration District No. 5501A  
City Clinton Mo. (No. R.R.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 77

Registered No. \_\_\_\_\_

2. FULL NAME William Robert 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 yrs. 8 mos. \_\_\_\_\_ da. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucinda Moreland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-16-1855</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>9</u>
	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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 <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
FATHER	13. NAME <u>John Moreland</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Barnell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Mrs W.S. Tally</u> (ADDRESS) <u>Clinton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calhoun Mo.</u> DATE <u>5-15-1935</u>		
19. UNDERTAKER <u>Fred Wilkinson</u> (ADDRESS) <u>Clinton Mo.</u>		
20. FILED <u>6-3</u> 19 <u>35</u> <u>Dr. J. R. Hampton</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13-1935  
22. I HEREBY CERTIFY, That I attended deceased from 5-13-1935 to 5-13-1935  
I last saw him alive on 5-13-1935. Death is said to have occurred on the date stated above, at 12:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset 5-13-35

Asphyxiation  
gsw

Other contributory causes of importance:

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) W.S. Tally, M. D.  
(Address) Clinton 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.

100-11-2453

