

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

Do not use this space.

**FEB 17 1936**

206

**1. PLACE OF DEATH**

County Buchanan Registration District No. 05  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. 729 South 15th)

File No. \_\_\_\_\_  
Registered No. 3  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Laura Ellen Moran

(a) Residence, No. 729 South 15th St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bernard Moran</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 15 1857</u>				
7. AGE YEARS <u>78</u>	MONTHS <u>4</u>	DAYS <u>16</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>House Wife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own Home</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) Maryville  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Edmond G. Bickett

14. BIRTHPLACE (CITY OR TOWN) Louisville  
(STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Barmila Ray

16. BIRTHPLACE (CITY OR TOWN) Louisville  
(STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. C. J. McCall  
(ADDRESS) Lamar Colorado

18. BURIAL, CREMATION, OR REMOVAL St. Olivet Cemetery  
PLACE St. Joseph Mo. DATE January 3 1936

19. UNDERTAKER H. O. Sidenfaden  
(ADDRESS) 1802 Union Str. St. Joseph Mo.

20. FILED 1-2- 1936 John R. Bender  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1935 to Dec 31 1935

I last saw her alive on Dec 31 1935 Death is said to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset \_\_\_\_\_  
& Myocardial Degeneration

Other contributory causes of importance:  
arteriosclerosis 2 years

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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) Charles H. Kerner, M. D.  
(Address) 410 Kirkpatrick Bldg St. Joseph Mo

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.

21. 1960