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.

APR 17 1936

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

Do not use this space.

9972

1. PLACE OF DEATH
County Daviess
Township Colfax
City (No. St. Ward)
Registration District No. 255
Primary Registration District No. 5356
File No.
Registered No.

2. FULL NAME Austin Le Roy Moran
(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Frankie Riley Moran
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29-1908
7. AGE YEARS 27 MONTHS 7 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Joplin Missouri

FATHER
13. NAME Charley Moran
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Anna Engholm
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynn Illinois

17. INFORMANT (ADDRESS) Lyle B. Moran Ridder Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Ridder Mo. DATE Mar. 15, 1936
19. UNDERTAKER (ADDRESS) H. F. Powell Ridder Mo.
20. FILED 3/14, 1936 F. K. Wilson Registrar. By H. F. Powell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1936
22. I HEREBY CERTIFY, That I ~~attended~~ VIEWED deceased ~~from~~ ON March 13, 1936, to , 19
I last saw him ~~alive on~~ dead March 13, 1936 Death is said to have occurred on the date stated ~~above~~ about, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Skull fractured and Body crushed.	3-13-36

Other contributory causes of importance:

2 01 M

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-13, 1936
Where did injury occur? Daviess Co. Missouri (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. P.W.A. Project #701 - at Rock Quarry
Manner of injury Hit by falling Rock
Nature of injury Caused by Dynamite explosion
24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Killed nearly at work on Project
(Signed) L. O. Richeson Coroner, M. D.
(Address) Gallatin Mo.

MAY 14 1948