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 23 1936

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

Do not use this space.

35057

File No.

Registered No. 28

1. PLACE OF DEATH

County Montgomery

Township Montgomery

City ~~Montgomery City~~ Mo (No. , St. Ward)

Registration District No. 5 92

Primary Registration District No. 5 790

2. FULL NAME Michal 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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Mrs Emma Moran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 5 th 1867

7. AGE: Years 69 | Months 4 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wabash R. R.

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): St. Louis Mo

FATHER

13. NAME: Patrick Moran

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Cathrine Ganne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Emma Moran Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mary's Cem. DATE 9/14/36 19

19. UNDERTAKER (ADDRESS): C.W. Hopkins Montgomery City Mo

20. FILED Sept 6 19 36 Buell Menefee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11/36 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19 36 to Sept. 11 19 36

I last saw him alive on Sept 10 19 36 Death is said to have occurred on the date stated above, at 2:30 pm

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

	Date of onset
Myocarditis, chronic	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Phys. Exam. 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) Buell Menefee M. D.

(Address) Montgomery City Mo