

JAN 17 1938

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

Do not use this space.

44439

1. PLACE OF DEATH

County Jackson
Township Kan
City Kennett Mo

Registration District No. 399
Primary Registration District No. 1062
(No. 2418 Rochester)

File No. _____
Registered No. 1062
St. _____ Ward)

2. FULL NAME

William Oliver Moran
(a) Residence, No. 2418 Rochester K.C. Mo. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. Stellor

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Kennett Mo

FATHER 13. NAME William Oliver Moran

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

MOTHER 15. MAIDEN NAME Stella Mary Gassich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

17. INFORMANT William Oliver Moran (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE _____

19. UNDERTAKER Ketterli Funeral Home (ADDRESS) 2652 Cedar Ave

20. FILED Sept 23 1937 M. M. Grover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Stellor to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:00 Am.

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

Asphyxiation due to pressure on the cord

Other contributory causes of importance:

Prelex present clin

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? _____ 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? _____ If so, specify _____

(Signed) Dr. S. D. Ramey M.D. (Address) 3028 East 12th St K.C. Mo Ph 5391

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.

