JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County CAPE GIRARDEAU — Registration District No. 125 — File No. 44951

Township " " — Primary Registration District No. 3009 — Registered No. 400

City Cape G. Mo (No. SO EAST, MO HOSPITAL. St. Ward)

2. FULL NAME LAWRENCE MORELAND.

(a) Residence, No. R.F.D.#1 BOX 26 St., Ward. PAINTON MO.
(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): WIDOWED.
5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: GLADYS TETTER.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV, 1th 1909.
7. AGE: YEARS 28. MONTHS 1. DAYS 11. 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.: 2
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): RAMSEY ILL. 2

FATHER
13. NAME: JAMES MORELAND. 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): RAMSEY ILL. 2

MOTHER
15. MAIDEN NAME: FRANCIS TILLY.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): RAMSEY ILL.

17. INFORMANT (ADDRESS): MRS JAMES MORELAND. PAINTON MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE ARBOR CEMT. DATE 12-14 1937
19. UNDERTAKER (ADDRESS): HAMANIS FUNERAL HOME. CAPE GIRARDEAU MO.
20. FILED 12-12 1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 12:30AM.
The principal cause of death and related causes of importance were as follows:

We the Jury find that the Deceased Lawrence Moreland came to his death by Gun Shot Wound fired by a Pistol in the hands of Charles David St, Cin.

Date of onset

Other contributory causes of importance:

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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? .....
If so, specify .....
(Signed) E. R. Brickey, Coroner 4 ~~M.D.~~
(Address) 4 S. Pacific St Cape Girardeau 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.

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FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

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Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau Registration District No. 125
(b) Township Primary Registration District No. 3009 Registered No.
(c) City Cape Co. (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laurence Mareland
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Wid

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	28	1	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

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

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

We the jury find the deceased Laurence Mareland came to his death by gun shot wound fired by a pistol in hands of Charles David St Cir

Other contributory causes of importance:

Name of operation 173 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? Homicide Date of injury Dec 12, 1937
Where did injury occur? Delta Mo. Cape County
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Birdie Jeans Tavern
Manner of injury Shop
Nature of injury By two pistol wounds

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. R. Trickey Coroner
(Address) 4 S. Pacific Cape Co Mo.

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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