

REC'D AUG 23 1938

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

24630

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 29
 (b) Township Crane Creek Primary Registration District No. 5046 Registered No. 22
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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

Avery Moreland 645
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 OFDemaris Moreland6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 7 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.13. NAME Thomas Moreland14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Elizabeth Spencer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT Charley Moreland (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Man Hill DATE 3-10 193819. FUNERAL DIRECTOR Same as Mariner (ADDRESS) Crane Creek Mo20. FILED 7-15 1938 Seal Newman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9 193822. I HEREBY CERTIFY, That I attended deceased from 3-1 1938, to 3-9 1938I last saw him alive on 3-3 1938 Death is saidto have occurred on the date stated above, at 6:30 A.M.

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

Uremia on basis
of chronic nephritis

Date of onset

Other contributory causes of importance: 121Anal fistula

Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Seal Newman M. D.(Address) Crane Creek, Mo

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
..... Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)