

REC'D SEP 13 1939

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

30115
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois 3 Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6018A Registered No. 142
(c) City or Farmington 1 (d) Street No. State Hospital No. 4 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 650 William Moran

(a) Residence, No. Pemiscot County Farm 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 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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1885-???
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 Un. ? ?
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm work
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) Kansas 1

FATHER 13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 9

MOTHER 15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT Records of State Hospt. #4
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cemetery of State DATE 8-26 1939

19. FUNERAL DIRECTOR (NAME) Hospt. #4 C. Hugo Cozean
(ADDRESS) Farmington, Mo.

20. FILED Aug 24 1939 T. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1938, to 8-24, 1939

I last saw him alive on 8-24, 1939. Death is said to have occurred on the date stated above, at 3:00P.m.

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

Cirrhosis of the liver
Hypostatic pneumonia
124 1/2
1937
8-21-39

Other contributory causes of importance:

Psychosis with
marked deficiency
1919?

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin. & Post. 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) Paul J. Schrad M. D.

(Address) Farmington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... *me*, Registered Apprentice No.....
working under my personal supervision.

Signed *Hugo Cozcan*

Licensed Embalmer No. *4084*

P. O. Address *Farmington*

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

If this body is not embalmed, above space should be left blank.