

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

38797
Do not use this space.

NOV DEC 14 1940

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township Clinton Primary Registration District No. 3018 Registered No. 50
 (c) City Clinton Mo (d) Street No. Community Cl. a.c. Hospital 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 2 yrs. 0 mos. 0 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Laury City Mo R #1 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 Female 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 David Thompson Moran
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 1905
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 9 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Near Laury City
 (STATE OR COUNTRY) St Clair Co Missouri

FATHER 13. NAME Charley Snyder 2
 14. BIRTHPLACE (CITY OR TOWN) Near Laury City
 (STATE OR COUNTRY) St Clair Co Mo.

MOTHER 15. MAIDEN NAME Diley North
 16. BIRTHPLACE (CITY OR TOWN) Near Laury City
 (STATE OR COUNTRY) St Clair Co Mo

17. INFORMANT Sara Moran
 (ADDRESS) Laury City Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Laury City Cemetery DATE 11/26/1940

19. FUNERAL DIRECTOR H. C. Austin
 (ADDRESS) Laury City Mo

20. FILED Dec 2 1940 W. J. R. Hampton
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1940, to Nov 24, 1940

I last saw him alive on Nov 24, 1940. Death is said to have occurred on the date stated above, at 1:25 P.M.

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

Cholerae typhosa
Filarioid infection

Date of onset

Other contributory causes of importance: 5412

Name of operation Sept 9 Cholerae typhosa Date of 11-23-40

What test confirmed diagnosis? Way 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) Joseph M. O'Neil, M. D.

(Address) Clinton 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.

RECEIVED
District Health Officer No. 7,
District File Number 12-40-1785
Date Filed 12-12-40

STATEMENT BY LICENSED EMBALMER

I, H. C. Austin, Licensed Embalmer No. 3609

hereby certify that the body recorded on the reverse side of this certificate was embalmed by m.c.

L. E.

No. _____, or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed H. C. Austin

Licensed Embalmer No. 3609

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.)