WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

AUG 29 1932

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

Do not use this space.

23837

1. PLACE OF DEATH

92 County St Charles — Registration District No. 757

4 Township — Primary Registration District No. 3036 — File No.

8 City St Charles (No. ~~4733~~, St Charles & Kay St. ... Ward) — Registered No. 114

2. FULL NAME Woodrow Moreland

(a) Residence, No. 4733 Beacon Ave St., ... Ward. St Louis
(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) Aug 20 1912

7. AGE: Years 19 — Months 11 — Days 8 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolworth 5 + 10 Store

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME James Moreland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER

15. MAIDEN NAME Bertha Brown

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

17. INFORMANT Bertha Moreland (ADDRESS) 4733 Beacon Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Cem DATE July 30, 1932

19. UNDERTAKER Drehmann & Ryal (ADDRESS) 1905 Union Blvd

20. FILED 7/28, 1932 Wm. G. Bloebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1932

22. I HEREBY CERTIFY, That I ~~attended deceased~~ from Last Examined, 19..., to ..., 19..., ~~I last saw him alive~~ on July 29, 1932. Death is said to have occurred on the date stated above, at 6:30 P m.

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

Accidental death due to fracture of skull with other injuries received while driving a truck by a truck & trailer driven by Frank Dino of 2611 Caroline Ave St Louis Mo on Highway 40 1½ miles east of Jonesburg Mo — Date of onset

Other contributory causes of importance:

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? Accident — Date of injury July 28, 1932

Where did injury occur? 1½ east of Jonesburg Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway 40

Manner of injury Auto + truck collision

Nature of injury Broken bones

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Patrick Carroll, M. D.

(Address) St Charles, Mo.

[illegible]
Dallmeyer