

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

Do not use this space.

23647

1. PLACE OF DEATH

County Jettis
Township La Monte
City La Monte (No.)

Registration District No. 667
Primary Registration District No. 4400

File No.
Registered No. 18 St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 43 yrs. mos. ds. /

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Landis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 11 1859</u>		
7. AGE	YEARS	MONTHS
	<u>73</u>	<u>2</u>
		DAYS
		<u>10</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	9. Industry or business in which work was done, as silk mill, 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) Virginia 2

MOTHER FATHER 13. NAME Abraham Landis

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

15. MAIDEN NAME Isabel Finley

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

17. INFORMANT Mrs. Letta Rogers (ADDRESS) La Monte Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE La Monte Mo DATE July 12 1932

19. UNDERTAKER B. F. Daniel (ADDRESS) La Monte Mo

20. FILED July 11 1932 B. F. Daniel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to July 11 1932
I last saw him alive on July 11 1932 Death is said to have occurred on the date stated above, at 5 A.M.
The principal cause of death and related causes of importance were as follows:

apoplexy
myocardial degeneration 1936
Date of onset 1923

Other contributory causes of importance:
myocardial degeneration 1936

Name of operation Stomach Date of 6
What test confirmed diagnosis? Stomach Was there an autopsy? no

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) W. E. Walker, M. D.
(Address) La Monte Mo

WRITE PLAINLY WITH FADING 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.

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33
9
AGE 95 1932

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