

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

Do not use this space.

38423

1. PLACE OF DEATH

County..... Registration District No. 101
Township..... Primary Registration District No. 73
City St. Louis, Mo (No. Barnes Hospital)

File No. 10084
Registered No. 10084
St. _____ Ward _____

2. FULL NAME Howard Brice Land

(a) Residence, No. 338 N. Montgomery St. 712 Ward. Spencer Ind
(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 <u>m</u>		4. COLOR OR RACE <u>w</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Brice Land</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March-20-1871</u>					
7. AGE YEARS <u>62</u>		MONTHS <u>8</u>		DAYS <u>2</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retail license distributor</u>		11. Total time (years) spent in this occupation <u>✓</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		10. Date deceased last worked at this occupation (month and year) <u>✓</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>					
13. NAME <u>Howard Brice Land</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>					
15. MAIDEN NAME <u>Jane Close</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>					
17. INFORMANT <u>Joseph Brice Land</u> (ADDRESS) <u>Spencer, Ind.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Spencer Ind</u> DATE <u>4-25-33</u>					
19. UNDERTAKER <u>Ed West and Co</u> (ADDRESS) <u>Spencer, Ind</u>					
20. FILED <u>5 1933</u> <u>J. Predeck</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22-1933

22. I HEREBY CERTIFY, That I attended deceased from 11-18-1933, to 11-22-1933, 1933
I last saw him alive on 11-22-1933. Death is said to have occurred on the date stated above, at 4:30 pm.
The principal cause of death and related causes of importance were as follows:
Brain Tumor of (not specified)
55D
Other contributory causes of importance: 55D

Name of operation none Date of _____
What test confirmed diagnosis? Physical Exam 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) E. W. Thor (Thore), M. D.
(Address) Barnes Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A TYPEWRITER

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.

JAN 3 1934

