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

Do not use this space.

26941

OCT 26 1927

1. PLACE OF DEATH

County: Gentry — Registration District No. 312 — File No.

Township: Jackson — Primary Registration District No. 5431A — Registered No. 12

City: (No. ..... St. ..... Ward)

2. FULL NAME: Francis Pauline Land

(a) Residence. No. ..... St., ... Ward. (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: F

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 6-1925

7. AGE: Years 1 — Months 11 — Days 16 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Darlington Mo

PARENTS

10. NAME OF FATHER: Wm Land

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Albany Mo

12. MAIDEN NAME OF MOTHER: Nora Canady

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Wm Land (Address) King City R 4

15. FILED: 9/23, 1927 — Ant Lucette, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1927, to ..... 19..... that I last saw her alive on Aug 18, 1927, and that death occurred, on the date stated above, at 4 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma of rt. Kidney

53A

49

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. E. Blackhock, M. D.

9/23, 1927 (Address) King City, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Brick Cemetery near Albany Mo

DATE OF BURIAL: 9/23 1927

20. UNDERTAKER: Laton & Phillips

ADDRESS: Stanberry Mo

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