

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

Do not use this space.

7852

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph (No. Mo. Health Dist)

File No. _____

Registered No. 292

St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M
(write the word)

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 7 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 46
131
(b) General nature of industry, business, or establishment in which employed (or employer) 12
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Commerzet Pa
(STATE OR COUNTRY)

10. NAME OF FATHER John Lanning

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Commerzet Pa
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dorothy Bowby

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Commerzet Pa
(STATE OR COUNTRY)

14. INFORMANT Mary E. Lanning

Address Reparthys Kansas

15. FILED 7 1928 John G. Galt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7 1928

17. I HEREBY CERTIFY, That I attended deceased from March 3, 1928, to March 7, 1928, that I last saw him alive on March 6, 1928, and that death occurred, on the date stated above, at 3:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suppression of Urine following
resection of Uterus for
carcinoma

(duration) yrs. mos. da. 3

CONTRIBUTORY (SECONDARY) In nephritis - carcinoma of Uterus

(duration) yrs. mos. da. 5

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

1 DID AN OPERATION PRECEDE DEATH? No DATE OF March 4 - 28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? operation & Phys Indics

(Signed) Dr. Waller, M. D.

3/7, 1928 (Address) 301 N 4th St Joseph 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 Sabetha Kansas DATE OF BURIAL 3/8 1928

20. UNDERTAKER Heenan Funeral Home ADDRESS 1208 P. Ave

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.

1928

