

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

Do not use this space.

12941

1. PLACE OF DEATH  
 County Greene Registration District No. D. Elker 318  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. 1095)  
 2. FULL NAME Walden Landers  
 (a) Residence No. 1095 S. Campbell Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

File No. \_\_\_\_\_  
 Registered No. 297  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Long  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 15 1880  
 7. AGE YEARS 48 MONTHS 1 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work unknown  
 (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) mo  
 10. NAME OF FATHER Buck Landers  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) mo  
 12. MAIDEN NAME OF MOTHER Catherine Glosip  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) mo

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-18-1928  
 17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 1927, to \_\_\_\_\_, 1928 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 7:30 A.M.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Parenchymatous Nephritis Chronic Myocarditis Hypertension  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) Acute Heart Block  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ (Signed) O. B. Perkins, M. D.  
 \*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 Highlandville Mo. DATE OF BURIAL 4-20 1928  
 20. UNDERTAKER W. J. Harve ADDRESS Water St. Markon

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.

14. INFORMANT Mrs. W. Landers  
 (Address) 1095 S. Campbell  
 15. FILED H-1928 O. C. Horst M.D. REGISTRAR

