

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

Do not use this space.

Carano
copy 1928

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kang Primary Registration District No. 1002
 City Kansas City No. 914 E. 17 St. _____ Ward _____

File No. _____
 Registered No. 1625 St. _____ Ward _____

2. FULL NAME Orade Landerdale
 (a) Residence No. 914 E. 17 St. H 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Om 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown
 7. AGE YEARS 47 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Plum Porter
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-9-28
 17. Deputy Carano
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Penn
 10. NAME OF FATHER S. J. von Landerdale
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Penn
 12. MAIDEN NAME OF MOTHER Hunt Krou
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Penn

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS? autopsy
 (Signed) Deputy Carano M. D.
 (Address) Deputy Carano
 _____, 19____ (Address) _____
 *State the DISEASE CAUSING DEATH, or its deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Dr. E. P. Pipton
 (Address) 1706 E. 126" St
 15. FILED 4-23-28 M. M. Crowe REGISTRAR
asat

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blue Ridge Lumber Co DATE OF BURIAL 4-23 1928
 20. UNDERTAKER W. H. ... ADDRESS 1606 E. 18" St

K. 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.

80/3.22 P