

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

Do not use this space.

32884-B

1. PLACE OF DEATH

County Butler Registration District No. 925
 Township Ash Hill Primary Registration District No. 8134C
 City Fisk Mo (No.) St. Ward)

File No.
 Registered No. 26
 St. Ward)

2. FULL NAME

Mildred Louise Lanford
 (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 Female **4. COLOR OR RACE** White **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)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 1
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work 1171
 (b) General nature of industry, business, or establishment in which employed (or employer) 158
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Tom Lanford

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

12. MAIDEN NAME OF MOTHER Dallie Gates

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

14. INFORMANT Tom Lanford
 (Address) Fisk Mo

15. FILED 10-6-28 Vicent G. ...
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/6/28 1928
17. I HEREBY CERTIFY, That I attended deceased from 2-1928, to 10-5-28, 1928
 that I last saw him alive on 10-5-28, 1928, and that death occurred, on the date stated above, at 8-0 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Brown's trouble
cause from indigestion
& water not food proper
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1/3 E
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1/3 E
 IF NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH. DATE OF
18. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
146 (Signed) V.L. Meador, M. D.
1928 (Address) Fisk 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 Ash Hill **DATE OF BURIAL** 10-7-1928

20. UNDERTAKER J. W. Manion **ADDRESS** Fisk Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 1 1929

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