

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

Do not use this space.

6747

1. PLACE OF DEATH

County Jackson
Township Kant
City Kansas City

399
Registration District No. 1002
Primary Registration District No. 1002

File No. 918
Registered No. 918
St. St. Joseph Hospital Ward

2. FULL NAME

Laura Winniddie Landrum
(a) Residence. No. Waverly mo St. Waverly mo Ward. Waverly mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U.S., if of foreign birth? yrs. 7 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan - 15 - 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 | 1 | 1 | 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) Missouri

10. NAME OF FATHER Robert S Winniddie

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

12. MAIDEN NAME OF MOTHER Mary A Madox

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

14. INFORMANT Mrs S Wiley
(Address) 302 W - 34th

15. FILED 2-24-29 M M Emma REGISTRAR
Coak

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 24 19 29

17. I HEREBY CERTIFY That I attended deceased from Jan 29 to Feb 24, 1929, and that I last saw him alive on Feb 24, 1929, and that death occurred, on the date stated above, at 11 a.m.

18. THE CAUSE OF DEATH WAS AS FOLLOWS:
Cancer Gall Bladder

4 4/10 (duration) yrs. 3 mos. 0 ds.
CONTRIBUTORY (SECONDARY) Cholecystitis
40E (duration) yrs. 0 mos. 0 ds.
12.7.29

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: By pleurisy and

DID AN OPERATION PRECEDE DEATH? No DATE OF Feb 2 - 1929

19. WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Appendix, Stomach
(Signed) H. C. Miller M.D.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
2/24, 1929 (Address) 1102 1/2 E 34th St

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Waverly - mo DATE OF BURIAL Feb 24 19 29

20. UNDERTAKER W W Grammis Sons ADDRESS K C Mo

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

K. E.—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.

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Rev. W. C. ...
700 Argyle St. N.Y.
Vn 1105