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

Do not use this space.

9240

1. PLACE OF DEATH
County Sullivan — Registration District No. 929
Township Jamesport — Primary Registration District No. 6121
City ..... (No. ....., ... St. ..... Ward)
File No. ..... Registered No. 5

2. FULL NAME Elvis le Landsdown.

(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 9 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 (write the word): —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12 30 1919

7. AGE: Years 9 | Months 3 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Alfred Landsdown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linn Co.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Elizabeth Hines
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Mo.

14. INFORMANT Alfred Landsdown.
(Address) Browning Mo.

15. FILED 2-5, 1929 J.W. Rogers REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-3 1929

17. I HEREBY CERTIFY, That I attended deceased from May, 1928, to January 18, 1929, that I last saw h... alive on January 2 1929, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malignancy of Stomach
Cord
5 [illegible]
(duration) ... yrs. 9 mos. ... da.

CONTRIBUTORY (SECONDARY) ...
(duration) ... yrs. ... mos. ... da.

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) J.W. Rogers M.D.
, 19 (Address) Browning 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 Kirkwood — DATE OF BURIAL 2/6 1929
20. UNDERTAKER L.V. Hammond — ADDRESS Browning Mo.

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.