

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

Do not use this space.

9531

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.

1929
3
3

1. PLACE OF DEATH
County Boone Registration District No. 73
Township Columbia Primary Registration District No. 3006
City Columbia (No.) St. Ward

2. FULL NAME James Oliver Lanham
(a) Residence No. 1115 HARVIEW 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.

File No.
Registered No.
St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Elizabeth Alice Lanham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 | 0 | 7 |

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

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

10. NAME OF FATHER Bradford Lanham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Roy W. Lanham
(Address) 1115 Inover Island, Columbia, Mo

15. FILED BY ap 1 19 29 Beatrice Grubb
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-30 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-24, 1929, to 3-30, 1929.
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 10-30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia
107A
91
1070 (duration)..... yrs. mos. 6 ds.
CONTRIBUTORY Arterio-sclerosis - Hypertension
(SECONDARY) (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1070
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Wm O. Fisher, M. D.
, 19 (Address) Columbia, 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 Nashville Cemetery DATE OF BURIAL April 1st 1929

20. UNDERTAKER R. W. Willett ADDRESS Columbia

PARENTS

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