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

Do not use this space. 14510

1. PLACE OF DEATH
County Howell — Registration District No. 3824 — File No. 42
Township — Primary Registration District No. 4227 — Registered No.
City West Plains Mo. — St. — Ward)

2. FULL NAME Jno Henry Lanemond

(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: Ma
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 9-1868

7. AGE: 60 YEARS — 4 MONTHS — 28 DAYS — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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

PARENTS
10. NAME OF FATHER: Thos Lanemond
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Alabama
12. MAIDEN NAME OF MOTHER: Mary A. Pate
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Dwight Lanemond
(Address): West Plains Mo

15. FILED 4-15-1929 O.D.A. Hinrichs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/15 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1928, to April 6 1929, that I last saw h. alive on April 6 1929, and that death occurred, on the date stated above, at April 15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pyelo-Nephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Prostate Hypertrophy
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No. Symptomatic Sing.
WHAT TEST CONFIRMED DIAGNOSIS? Extra Renal Uremia
(Signed) P. Phipps M. D
4-7-1929 (Address) West Plains 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: Langston — DATE OF BURIAL: 4/16 1929
20. UNDERTAKER: McFarlands — ADDRESS: West Plains 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.

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

MARGIN RESERVED FOR BINDING

V. S. No. 2.