JUN 28 1930

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

Do not use this space.

18396

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No.
Township Washington — Primary Registration District No. 6162 — Registered No. 109
City (Nevada) (No. ..... St. ..... Ward)

2. FULL NAME Henry Landsiedel
(a) Residence. No. State Hosp No 3 St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Martha Gabrough

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 31, 1857

7. AGE: Years 73 — Months 1 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): DK
(STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: DK
11. BIRTHPLACE OF FATHER (CITY OR TOWN): DK
(STATE OR COUNTRY): DK
12. MAIDEN NAME OF MOTHER: DK
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): DK
(STATE OR COUNTRY): DK

14. INFORMANT: State Hospital Records
(Address): Nevada Mo

15. FILED 6/4/1930 E. R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/22 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1930, to 5/22, 1922 that I last saw him alive on 5/22, 1930, and that death occurred, on the date stated above, at 3 30 p.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteria Sclerosis
97
162
(duration) ? yrs. 3 + mos. ds.

CONTRIBUTORY (SECONDARY): senile psychosis
(duration) ? yrs. 3 + 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
WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Staff per M Grogan, M. D
5/22, 1930 (Address) State Hosp No 3 Nevada, 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: Warrensburg Mo. — DATE OF BURIAL: 5-24 1930

20. UNDERTAKER: Ferry Funeral Home — ADDRESS: Nevada 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.

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