

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

Do not use this space.

23335

1. PLACE OF DEATH

County Jefferson Registration District No. 421
 Township..... Primary Registration District No. 4249
 City Festus (No. St. Ward)

File No.....
 Registered No. 69

2. FULL NAME Frank Donald Landes

(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 18 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 5, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 7 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Assistant Time Keeper
 (b) General nature of industry, business, or establishment in which employed (or employer) Glass Manufactureing
 (c) Name of employer Pittsburgh Plate Glass Co.

9. BIRTHPLACE (CITY OR TOWN) Horine
 (STATE OR COUNTRY) Jefferson Co. Missouri

10. NAME OF FATHER S. P. Landes
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 12. MAIDEN NAME OF MOTHER Mamie Shieble
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Missouri

14. INFORMANT Melvin Landes
 (Address) Festus Mo.

15. FILED 7/20 30 J. E. Rutledge
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19, 1930

17. I HEREBY CERTIFY That I attended deceased from Coroner's Report 19... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental drowning

CONTRIBUTOR (SECONDARY) 183
 (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
 WHAT TEST CONFIRMED DIAGNOSIS Coroner's Report
 (Signed) Walter G. ... M. D.
 , 19 (Address)

*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 Festus Missouri DATE OF BURIAL July 22, 19 30

20. UNDERTAKER Duester and Vinyard, Inc. ADDRESS Festus Missouri

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.

88-100

88

88

1

