

OCT 29 1930

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

Do not use this space.

30377

1. PLACE OF DEATH

County Lafayette

Registration District No. 464

Township Washington

Primary Registration District No. 5226

City _____ (No. _____)

File No. _____

Registered No. 30

St. _____

Ward _____

2. FULL NAME

(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 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 or (OR) WIFE OF

Or May Rankin Married

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

July 5 - 1868

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

62

2

7

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)

Bates City Mo.

10. NAME OF FATHER

James Cobley Rankin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't Know.

12. MAIDEN NAME OF MOTHER

Martha Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't Know.

14. INFORMANT

(Address)

Mrs. J. J. Rankin
Washington Mo.

15.

DATE Oct 9 1930

REGISTRAR R. S. Schooley

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

9-12 1930

17.

I HEREBY CERTIFY, That I attended deceased from _____, 1930, to _____, 1930, that I last saw him alive on _____, 1930, and that death occurred, on the date stated above, at _____.

Sept 12, 1930, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myelogenous Leukemia

72A (duration) _____ yrs. mos. ds.

110B Myocardial Infarction (SECONDARY)

Quins Avenue (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DATE OF OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. W. Rankin M. D.

DATE 9/14 1930 (Address) Olney 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

DATE OF BURIAL

Greentown Cem 9-14 1930

20. UNDERTAKER

ADDRESS

Blumert & Son Olney

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.

