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

Do not use this space.

85

13287

1. PLACE OF DEATH
County Buchanan Registration District No. 1001
Township Primary Registration District No.
City St Joseph (No. 902 So 26 St. Ward)

File No.
Registered No. 454

2. FULL NAME Harry Landree
(a) Residence. No. 902 So 26 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 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: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2nd 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
58	9	22	

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) Retired 9 yrs.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Harry Landree
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

14. INFORMANT Walter Landree
(Address) 904 So 26

15. FILED APR 25 1931 John R Binden REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1931, to Apr. 24, 1931, that I last saw him alive on April 23, 1931, and that death occurred, on the date stated above, at 10:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gummata of the Brain
34
113
Symptoms of
(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 10 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 and Laboratory
(Signed) Gordon D Wright, M. D.
4/25, 1931 (Address) 845 So 19th St. Jos. 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: Laclede Mo
DATE OF BURIAL: 4/26 1931

20. UNDERTAKER: J L Stingley
ADDRESS: 216 So 10th

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.

MAY 21 1931