

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

Do not use this space.

17872

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 55554
City Madison (No. 1257 Franklin Drive) St. _____ Ward _____

File No. _____
Registered No. 182
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1257 Franklin Dr. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Land
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1st 1845
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 86 7
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry business, or establishment in which employed (or employer) Farmer
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ill
10. NAME OF FATHER Blammond Land
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Wichman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Illinois

14. INFORMANT (Address) Joseph H. Land
1257 Franklin Dr

15. FILED May 9 1931 J. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1931
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____, 1246 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide, hanging self with rope
165 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 165 (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED Ill
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS Autopsy report
(Signed) Starting in Ill. M. D.
May 9 1931 (Address) Deputy Coroner

*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 Wichita Kans DATE OF BURIAL May 9 1931
20. UNDERTAKER Rose + Henderson ADDRESS Wichita Mo

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

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.

JUN 26 1931

