

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.

WRITE IN BANNER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

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1. PLACE OF DEATH

County Montgomery
Township Montgomery
City Wetzel (No. 10)

Registration District No. 592
Primary Registration District No. 4252

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

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 7 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 Archie Mae Lansing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>62</u>	<u>3</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lansing, Mich. U.S.A.

13. NAME Archie Mae Lansing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

15. MAIDEN NAME Archie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

17. INFORMANT (ADDRESS) Mrs. Archie Mae Lansing

18. BURIAL, CREMATION, OR REMOVAL PLACE Wetzel DATE 5-26-51

19. UNDERTAKER (ADDRESS) Wetzel

20. FILED June 10 19 51 H. J. Bentley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1931, to May 25, 1931
I last saw him alive on May 24, 1931. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:
Initial (Primary) disease of heart & chronic interstitial nephritis (Neph. Cardiovascular)
Other contributory causes of importance: none
Date of onset: 1931/31
(Name of operation) none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) G. W. Finley M. D.
(Address) Montgomery City, Mo.

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