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

Do not use this space.

28944

1. PLACE OF DEATH
County Newton — Registration District No. 611 — File No.
Township Buffalo — Primary Registration District No. 5813 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Alexander Franklin Lankford
(a) Residence. No. ..... St., ... Ward ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: 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~~ Sarah Keller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 15 - 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	10	6	

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) Indiana

PARENTS
10. NAME OF FATHER John P. Lankford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Nancy Thompson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT Alonzo Lankford
(Address) Seneca Mo. R. 1

15. FILED 8/25, 1931 C. E. Norris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930 to Aug 21, 1931 that I last saw him alive on Aug 21, 1931, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous nephritis
131 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 131 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) P. B. Dressler, M. D.
Sept 8, 1931 (Address) Seneca 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: Thompson Grove Cemetery — DATE OF BURIAL: 8-22 1931

20. UNDERTAKER: B W Buzzard — ADDRESS: Seneca Mo.

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.