

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

Do not use this space.

1173

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Pleasant Primary Registration District No. 1002 Registered No. 212
 City Kennett (No. Kennett City Kennett Hospital) St. _____ Ward _____

2. FULL NAME

Lanham Infant
 (a) Residence, No. 8329 Monell St. 3 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-2-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
1

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

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

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) Kennett Mo

13. NAME James Lanham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Missouri

15. MAIDEN NAME Bernice Richardson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Earthage Missouri

17. INFORMANT (ADDRESS) Recard Clark Kennett Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Deeds DATE 1-20 1932

19. UNDERTAKER (ADDRESS) Opetuna x 6 mo

20. FILED 1/19 1932 M M Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-2-1932 to 1-3-1932

I last saw him alive on 1-3-1932 Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity
159
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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? _____
 If so, specify _____

(Signed) P. E. Williams M. D.
 (Address) Supd. Gen. Hosp. P. C. Mo

WRITE PLAIN INK, 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.

