

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

Do not use this space.

5145

**1. PLACE OF DEATH**

49

County Jasper  
Township Royal Heights  
City Royal Heights (No.     )

Registration District No. 411  
Primary Registration District No. 2002

File No.       
Registered No.       
St.      Ward     

**2. FULL NAME**

Elfie Landersback

(a) Residence, No.      St.      Ward       
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Landersback

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 3, 1875

7. AGE YEARS 56 MONTHS 10 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 335

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

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) Mo.

13. NAME F. P. Langston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny.

15. MAIDEN NAME Sarah G. Braiser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny.

17. INFORMANT Charles Langston (ADDRESS) Joplin Mo

18. BURIAL CREMATION, OR REMOVAL PLACE Mt. Hope DATE 2-8 3:12

19. UNDERTAKER Wortham & Co (ADDRESS) Joplin Mo

20. FILED 2/2 1932 W. B. Clark Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5-32 .1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1931 to Feb 1 1932  
I last saw her alive on Feb 1 1932 Death is said to have occurred on the date stated above, at 11 P.m.

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

Carcinoma of Uterus  
43  
48  
Other contributory causes of importance:  
8  
10

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 Edd James  
(Signed) Joplin Mo M. D.  
(Address)     

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.

MAR 23 1932

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