

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

Do not use this space.

20590

1. PLACE OF DEATH  
 93 County St. Clair Registration District No. 761  
 1 Township Appleton Primary Registration District No. 4456  
 6 City Appleton City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Nora Mas Landers  
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20 - 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
43 2 28

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 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. 1

MOTHER FATHER  
 13. NAME John J Walker  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 2  
 15. MAIDEN NAME Mary Chambers  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 31

17. INFORMANT Samuel Landers  
 (ADDRESS) Appleton City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton City Cem DATE June 20 19 32

19. UNDERTAKER Frank V Lee  
 (ADDRESS) Appleton City Mo

20. FILED July 12 19 32 Ruth Gay  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 19 32

22. I HEREBY CERTIFY, That I attended deceased from June 15 19 32, to June 18 19 32.  
 I last saw her alive on June 17 19 32. Death is said to have occurred on the date stated above, at 2:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
apoplexy  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
(1)

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) R. J. Smith \_\_\_\_\_, M. D.  
 (Address) Appleton City

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.

AUG 27 1932

