

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

Do not use this space.

1. PLACE OF DEATH

113 County North
Township Allen
City J. Lewis McLanier (No. _____)

Registration District No. 905-
Primary Registration District No. 6216

File No. 25241
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. 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 M 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 Alice McLanier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 2nd 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 29

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) Century Co. Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John McLanier
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Kordelia Dawson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. INFORMANT J. B. Bran
(Address) Denver, Mo.

15. FILED Jan 9, 1932 Mrs. Mary Long
REGISTRAR

V MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1929 to July 10, 1932
that I last saw him alive on 8-30, 1932 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Lobar pneumonia
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED Mo.
IF NOT AT PLACE OF DEATH ①

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Inspection
(Signed) Lewis H. Long, M. D.
, 19 (Address) Denver, 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 Miller DATE OF BURIAL July 13th 1932
20. UNDERTAKER Bran Bros ADDRESS Denver

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.

JUL 22 1932

