

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

Do not use this space.

36151

1. PLACE OF DEATH

50 County Jefferson
2 Township Waller
7 City Desoto

Registration District No. H 20
Primary Registration District No. 30 H 20

File No. _____
Registered No. 81
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3rd + Fletcher St. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Lanham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY 5 - 1879</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>6</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>carpenter 29</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>		
10. Date deceased last worked at this occupation (month and year) <u>1922</u>		
11. Total time (years) spent in this occupation _____		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 1</u>
	13. NAME <u>Albert Lanham</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. Virginia</u>
	15. MAIDEN NAME <u>Martha McCosack</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia State</u>
	17. INFORMANT <u>Margaret Lanham</u> (ADDRESS) <u>Desoto Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Desoto Mo.</u> DATE <u>11-13 1932</u>	
19. UNDERTAKER <u>Richardson - motherhead.</u> (ADDRESS) <u>Desoto Mo.</u>	
20. FILED <u>1/12 1932</u> <u>D. K. Parry</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1932, to Nov. 11, 1932
I last saw him alive on Nov. 11, 1932 Death is said

to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Cerebral hemorrhage
82A 82A
102
Other contributory causes of importance:
High blood pressure

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) Edward Ford, M. D.
(Address) Desoto 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.

JAN 8 1933

