

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

Do not use this space.

41035

1. PLACE OF DEATH  
 80 County Pettis Registration District No. 668  
 4 Township Sedalia Primary Registration District No. 3032  
 8 City Sedalia (No. 1509) St. St. Mountain Ward           
 2. FULL NAME Henrietta Landers  
 (a) Residence, No. 1500 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.

File No.           
 Registered No. 332

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ollie Landers  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1868  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 11 22  
 OCCUPATION 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) Mo 2  
 13. NAME unk.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1 51  
 15. MAIDEN NAME 11  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11  
 17. INFORMANT Mrs. Ollie Landers (ADDRESS) Sedalia Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wesleyan DATE 12/17 32  
 19. UNDERTAKER Wesleyan Funeral Home (ADDRESS) Sedalia Mo  
 20. FILED 12-12 1932 J. S. Love Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 1932  
 22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1932 to 12-11, 1932  
 I last saw h. alive on 12/10, 1932 Death is said to have occurred on the date stated above, at 4 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Fracture of spine 10/28  
201 (2 lumbar vertebrae fractured)  
 Other contributory causes of importance:           
201 117  
 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? accident Date of injury 10/28 1932  
 Where did injury occur? Cooking house  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. industry  
 Manner of injury mine cart in  
 Nature of injury fracture of spine  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify coal mines  
 (Signed) J. S. Love, M. D.  
 (Address) Sedalia Mo

WRITE PLAINLY, 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.

