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

Do not use this space.

File No. 2426 1

Registered No.

1. PLACE OF DEATH
County: Monroe
Township:
City: Paris (No. , St. Ward)
Registration District No. 582
Primary Registration District No. 4344

2. FULL NAME: Abraham Landis
(a) Residence, No. McMurry Hospital St. Ward. Victor Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. 7 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Ida Lee Landis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 6, 1860

7. AGE: Years 72 | Months 6 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Dec. 1932
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Camp Point Illinois

FATHER
13. NAME: Abram Landis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Campoint Ill

MOTHER
15. MAIDEN NAME: Jane Bailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Campoint Ill

17. INFORMANT: Claude O. Landis
(ADDRESS) Stoutsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Victor DATE: Jan. 4th, 1933

19. UNDERTAKER: Speed & Blakey
(ADDRESS) Paris, Mo.

20. FILED: JAN 2 1933 W. C. Grimes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN 2 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932 to Jan 2, 1933
I last saw him alive on Jan 2, 1933. Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 29
100	
104	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Clinical 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) M. O. McMurry, M. D.
(Address) Paris, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD