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.

MAY 22 1933

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

Do not use this space.

8907

1. PLACE OF DEATH
24 County Clay — Registration District No. 201 — File No.
Township Liberty — Primary Registration District No. 5280 — Registered No. 33
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Edward Braxton (Brack) Land.
(a) Residence, No. Liberty Mo. R#1 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: 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 Wilson Land.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 25-1853

7. AGE: YEARS 79 — MONTHS 7 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self.
10. Date deceased last worked at this occupation (month and year): 3 years
11. Total time (years) spent in this occupation: 60

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hanover Co. Va.

FATHER
13. NAME: William Land.
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER
15. MAIDEN NAME: Helen Snead.
2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

17. INFORMANT (ADDRESS): Mrs. E. B. Land Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Mo DATE Fairview 3/15/33

19. UNDERTAKER (ADDRESS): Chinch-Archer Co Liberty Mo.

20. FILED 4/10/33 Wm H Goodson Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 11th, 1933, to Mch 13th, 1933
I last saw him alive on Mch 13th, 1933. Death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchi Pneumonia	
131	
107A	
102	

131

Other contributory causes of importance:
Chronic Nephritis with 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) R E Sevien, M. D.
(Address) Liberty Mo