

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

Do not use this space.

13690

1. PLACE OF DEATH

County Johnson
Township Chilhowee,
City JOHNSON (No. St. Ward)

Registration District No. 426
Primary Registration District No. 5591

File No.
Registered No. 8

2. FULL NAME John Landis

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 50 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 I IO

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

13. NAME John Landis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Elizibeth Byers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Fred Landis
(ADDRESS) Greenfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chilhowee DATE April, 6 1933

19. UNDERTAKER Sweeney-Cook
(ADDRESS) Chilhowee, Mo

20. FILED Apr 10, 1933 J. S. Beatty
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 5 1933

22. I HEREBY CERTIFY, That I attended deceased from April 2nd 1933 to April 5th 1933
I last saw him alive on April 12 1933 Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Heart block cont March 31 1933

Other contributory causes of importance:
Chronic myocarditis several years

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify

(Signed) John T. Anderson, M. D.
(Address) Warrensburg 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.

MAY 22 1933

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