

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

Do not use this space.

13720

**1. PLACE OF DEATH**

53 County Laclede Registration District No. 453  
 Township Gasconade Primary Registration District No. 5619  
 City (No. ) St. Ward

**2. FULL NAME**

Virgil Sylvester Candler

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

**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 Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/7/57

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 7 11

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. Renter

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co., Mo.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mable Nelson, Neb. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Bluff DATE April 2, 1933

19. UNDERTAKER (ADDRESS) J. W. Swindley, Southwest Mo.

20. FILED Apr. 2, 1933 E. R. Nelson Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1933 to Apr. 1, 1933

I last saw him alive on Mar. 30, 1933. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1911  
210 P  
210 M  
3211

Other contributory causes of importance:  
Fracture Rib in accident  
3 weeks previous

Name of operation none Date of    
 What test confirmed diagnosis? Microscopic Was there an autopsy? no

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.

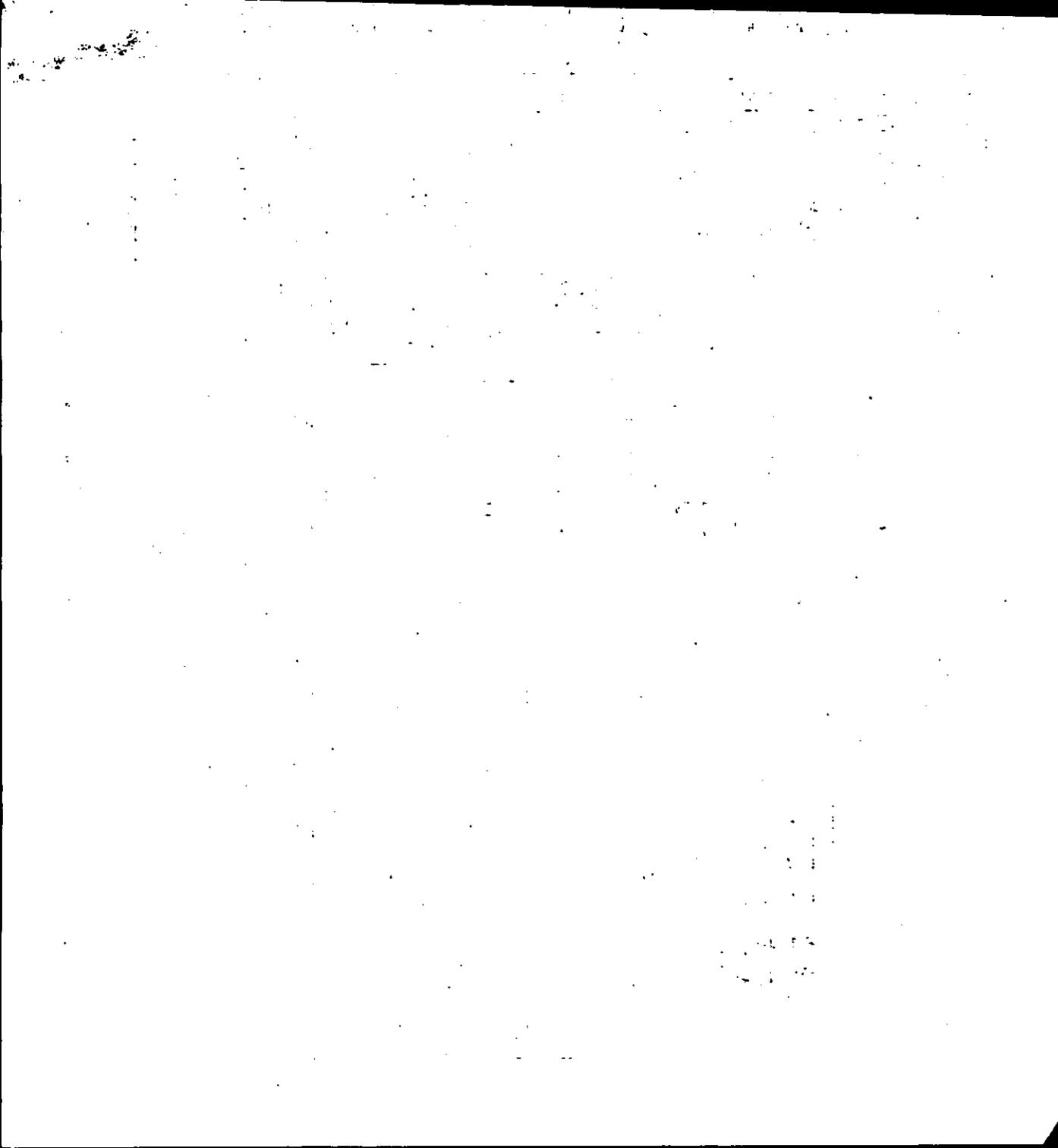
Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify

(Signed) W. G. Hamilton, M. D.  
 (Address) St. Louis, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. OCCUPATION should be carefully supplied.

APR 22 1933



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Laclede  
Township Essexdale  
City (No. ....) .....

Registration District No. 453  
Primary Registration District No. 5619

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

Virgil Sylvester Landle

(a) Residence, No. .... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 7 4

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Apr. 2, 1933 E. R. Nelson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... to .....

I last saw h. alive on ....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Tuberculosis  
Occured 4 miles east of Nebo, Mo. Laclede Co. He was sitting on back end of light truck and was violently thrown against large rocks when truck collided with tree.  
Other contributory causes of importance: fracture of hip, rib in accident 3 1/2 hrs. previous

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external injuries (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury .....

Where did injury occur? 2 1/2 miles east of Nebo, Mo. (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. D.

(Address) .....

SUPPLEMENTARY

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-13720

1950