

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Salt River
City (No.)

Registration District No. 4
Primary Registration District No. 5001

File No. 18782
Registered No. 107
St. Ward)

2. FULL NAME

Samuel H. Lantz
(a) Residence. No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 29, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 8 7

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) N.C.
(STATE OR COUNTRY)

10. NAME OF FATHER Geo Lantz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N.C.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Myra Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N.C.
(STATE OR COUNTRY)

14. INFORMANT Mrs S. H. Lantz
(Address) Brushwood, Mo.

15. FILED 6/10 1933 C. Becker
REGISTRAR
Deputy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6, 1933

17. I HEREBY CERTIFY, That I attended deceased from Mon 1933 to June 1933 that I last saw ~~him~~ her alive on June 4 1933, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asthenia DeGenerativa
97
162 (duration) 4 yrs. 11 mos. 11 da.

CONTRIBUTORY (SECONDARY) Advanced age
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

18 DID AN OPERATION PRECEDE DEATH? DATE OF

18 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. M. Keeney, M. D.
6/8 1933 (Address) Brushwood, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brushwood DATE OF BURIAL 6/9 1933

20. UNDERTAKER F. R. Emery ADDRESS Brushwood

K. 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.

JUL 20 1933

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

PARENTS
2
2

1933 - 6 - 29

1848 - 9 - 7

84 - 8 - 7