

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

Do not use this space.

**19594**

File No. \_\_\_\_\_  
Registered No. 191  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Jackson Registration District No. 398  
Township \_\_\_\_\_ Primary Registration District No. 3019  
City Independence (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Philip Landfried  
(a) Residence, No. 714 Cottage St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 29 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 Emma Landfried

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>58</u>	<u>7</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

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) Germany

13. NAME Jacob Landfried

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

15. MAIDEN NAME Waskow

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

17. INFORMANT Emma Landfried  
(ADDRESS) 714 Cottage

18. BURIAL, CREMATION, OR REMOVAL  
PLAC Mound Grove DATE 6-25-1933

19. UNDERTAKER J. D. Latta  
(ADDRESS) 3214 N. Spring

20. FILED June 26, 1933  
J. L. Cook  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/11/33 19\_\_\_\_, to 6/23/33 19\_\_\_\_  
I last saw him alive on 6/21/33 19\_\_\_\_ Death is said to have occurred on the date stated above, at 1:10 A. M.  
The principal cause of death and related causes of importance were as follows:  
cardiomyopathy of coronary arteries  
Insanition  
U. S. B U. S. B  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation Exp. L. Cap. 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? 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) W. H. M. M. M., M. D.  
(Address) 3214 N. Spring

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.

22 1933

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