

MAR 24 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No. 712 W. 48  
(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 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)

Single

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

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

Dec. 24, 1905

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .....hra.  
or .....min.

28

1

20

OCCUPATION

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

at Home

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  
occupation12. BIRTHPLACE (CITY OR TOWN  
(STATE OR COUNTRY)

Kansas City, Mo.

FATHER

13. NAME

Sol S. Landon, m.d.

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

Illinois

MOTHER

15. MAIDEN NAME

Daisy Scharfer

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

Scharfer, Mo.

17. INFORMANT  
(ADDRESS)Mrs. Daisy Townsend  
712 W. 48

18. BURIAL, CREMATION, OR REMOVAL

PLACE

2nd Washington

DATE

2/16/34

19. UNDERTAKER  
(ADDRESS)Berman Mortuary  
104 W. 42nd

20. FILED

2/15, 34 m. m. Brown  
Registrar.

## 3. MEDICAL CERTIFICATE OF DEATH

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

Feb. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Coker, 19..... to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 9 p.m.

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

Lycal Poisoning

Date of onset

Other contributory causes of importance:

Suppression of Urine  
aspiration pneumonia

Name of operation

none

Date of.....

What test confirmed diagnosis? histological

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide

Where did injury occur? Home - K. P. m.

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Lycal Poisoning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed)

P. H. Norris

M. D.

(Address)

1034 Walto Bldg

3 A PERMANENT RECORD

NFADING INK...

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.

