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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County Marion — Registration District No. 541 — File No. 98 9675
Township Mason — Primary Registration District No. 3049 — Registered No.
City Hannibal (No. 837 Reservoir St. Ward)

2. FULL NAME Shad Edgar Lanum
(a) Residence, No. 837 Reservoir St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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) May 30th 1930
7. AGE: YEARS 3 MONTHS 9 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Hannibal Mo

FATHER
13. NAME Edgar Lanum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport Del

MOTHER
15. MAIDEN NAME Dollie Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

17. INFORMANT (ADDRESS) Edgar Lanum 837 Reservoir Hannibal Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem. DATE 3/6 1934
19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo
20. FILED Mch 27, 1934 R. H. Isbister Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1934, to Mar 5, 1934
I last saw him alive on Mar 5 1934. Death is said to have occurred on the date stated above, at 10 40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage	Feb 19
Hemophilia	

Other contributory causes of importance: Hemophilia

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

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? Feb 19, 34 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury had stick in mouth by fall
Nature of injury and stick it in throat

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) A L Shanks, M. D.
(Address) Hannibal Mo