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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County Gentry — Registration District No. 309 — File No. 12495
Township — Primary Registration District No. 4185 — Registered No. 24
City Albany (No. ..., ... St. ..... Ward)

2. FULL NAME Melcena Lainhart

(a) Residence, No. ..... 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept.10-1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	7	14	

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 occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Missouri

FATHER
13. NAME L.B.Sampson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Missouri

MOTHER
15. MAIDEN NAME Nancy Stark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Missouri

17. INFORMANT (ADDRESS) Mrs. N.B.Giles Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE April 26 1934

19. UNDERTAKER (ADDRESS) Clifford Brooks Albany, Mo.

20. FILED Apr. 26 1934 W.T. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 22nd, 1934, to April 24th, 1934.
I last saw her alive on April 24th, 1934. Death is said to have occurred on the date stated above, at 9:50A.M.
The principal cause of death and related causes of importance were as follows:

Acute Broncho Pneumonia — Date of onset 4 days

11a

Other contributory causes of importance:
acute Influenza — unknown

Name of operation ..... 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? ..... (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) W. S. Campbell, M. D.
(Address) Albany Mo