

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.

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

Do not use this space.

DEC 27 1934

1. PLACE OF DEATH  
 County Webster Registration District No. 899  
 Township Jackson Primary Registration District No. 6206  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Cathrine Jonette Land  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

File No. 41791  
 Registered No. 9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Nov. 6 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>0</u>	<u>0</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Webster Co., Mo.  
 (STATE OR COUNTRY)

MOTHER / FATHER

13. NAME Horner Land

14. BIRTHPLACE (CITY OR TOWN) Gran Co. Mo.  
 (STATE OR COUNTRY)

15. MAIDEN NAME Hessal Crittenden

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

17. INFORMANT Horner Land  
 (ADDRESS) Elk River Mo R-1

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo DATE Nov. 8 1934

19. UNDERTAKER (ADDRESS) Nov. 8 1934 E. M. Bailey

20. FILED Nov. 8 1934 E. M. Bailey  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1934, to Nov 7 1934  
 I last saw her alive on Nov. 6 1934. Death is said to have occurred on the date stated above, at 10:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
15 Forebr. Dilatation  
 Other contributory causes of importance:  
160 ft

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause (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 E. M. Bailey, M. D.  
 (Signed) \_\_\_\_\_ (Address) Elk River Mo

