

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.

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

Do not use this space.

FEB 26 1935

2037

1. PLACE OF DEATH

County Madison Registration District No. 538
Township St. Michael Primary Registration District No. 5723
City (No.) St. Ward (.....)

File No.
Registered No. 3

2. FULL NAME

George William Lanpher
(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17, 1899
7. AGE YEARS 35 MONTHS 2 DAYS 21 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Fredericktown, MO.
(STATE OR COUNTRY) Mo.

13. NAME Geo Lanpher

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

15. MAIDEN NAME Eliza Parker

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

17. INFORMANT Anna Lanpher
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Christian Cem DATE Jan 10, 1935

19. UNDERTAKER Ed. H. Webb
(ADDRESS) Fredericktown, Mo.

20. FILED Jan 10, 1935 S. C. Slaughter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1935

I HEREBY CERTIFY That I attended deceased from Sept. 1, 1934 to Jan 8, 1935
I last saw him alive on Jan 8, 1935 Death is said to have occurred on the date stated above, at 2:45 a. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of lung Date of onset 1933

Other contributory causes of importance: Gall bladder infection

Name of operation none Date of
What test confirmed diagnosis? Rx Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
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. Harry Bosson M. D.
(Address) Fredericktown

Ray E. D. Schwann

no

