

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

Do not use this space.

APR 1 1 1935

8743

1. PLACE OF DEATH

County Gentry
Township Cooper
City Darlington (No. _____)

Registration District No. 310
Primary Registration District No. 5429A

File No. _____
Registered No. 107 St. _____ Ward _____

2. FULL NAME

John R. Land

(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 OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 1954

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>80</u>	<u>7</u>	<u>15</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. 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) Franklin Kentucky

13. NAME Geo Land

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

15. MAIDEN NAME Alma Blouning

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

17. INFORMANT Mrs Carl Black

18. BURIAL, CREMATION, OR REMOVAL PLACE Rouse DATE 3/18 1935

19. UNDERTAKER R. P. Goph

20. FILED 3/11 1935 Walter David Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 19th 1935, to March 10th 1935

I last saw him alive on March 3rd 1935. Death is said to have occurred on the date stated above, at 12:40 a.m.

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

Carcinoma of Prostate Date of onset _____

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Other contributory causes of importance: _____

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. E. Campbell, M. D.

(Address) Atterbury MO

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.

JUN 22 1963