SEP 2 1 1935

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

Do not use this space.

23520

1. PLACE OF DEATH
County Knox — Registration District No. 441 — File No.
Township ~~Center~~ — Primary Registration District No. 4259 — Registered No. 14
City Edina (No. ..... St. ..... Ward)

2. FULL NAME Roy Fay Lanham

(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 ~~7~~ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ora Hicks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-2X-1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44	4	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor
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) Lanesville Ill.

FATHER
13. NAME Wm Lanham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dawson Ill.

MOTHER
15. MAIDEN NAME Eliza Judd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dawson Ill.

17. INFORMANT (ADDRESS) Tom Anderson Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Linville Cemetery DATE July-23 1935

19. UNDERTAKER (ADDRESS) Mrs J. W. Hudson Edina Mo.

20. FILED July 22 1935 Mrs C. M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2-3-35
Other contributory causes of importance:	
Myocarditis	3-15-35

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys Exam 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. L. Landfather M.D.
(Address) .....

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.