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.

JUL 25 1935

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

Do not use this space.

23853

1. PLACE OF DEATH

County: New Madrid — Registration District No.: 5-5

Township: Anderson — Primary Registration District No.: 6262

City ..... (No. ....., ... St. ..... Ward)

File No.: 10

Registered No.: 103

2. FULL NAME: Lanna Lee Lanna

(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: Female

4. COLOR OR RACE: Colored

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): June 1st 1934

7. AGE: Years 1 — Months 1 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

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): Gideon Mo.

FATHER

13. NAME: Sherman Lane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

MOTHER

15. MAIDEN NAME: Cross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

17. INFORMANT (ADDRESS): Sherman Lane Gideon Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Stanfield — DATE: July 2, 1935

19. UNDERTAKER (ADDRESS): None

20. FILED: July 10, 1935 — M O Murrma, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1st, 1935

22. I HEREBY CERTIFY That I attended deceased from 7-1, 1935, to ....., 19....

I last saw him alive on 7-1, 1935. Death is said to have occurred on the date stated above, at 4 P.M.

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

Congestion of Lungs & Chronic Dysentery

Date of onset

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 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 .....

(Signed) Geo F. Fulkerson, M. D.

(Address) Gideon Mo.