

SEP 19 1935

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

Do not use this space.

26024

## 1. PLACE OF DEATH

County Dennis  
Township Grandview  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 251  
Primary Registration District No. 5350

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Fanny Seigel Landies

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 14 - 1861</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>9</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>14 years ago</u>	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nashville Mo</u>		
FATHER	13. NAME <u>Levi Landies</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Mcney Wilkes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Ind.</u>	
17. INFORMANT <u>Matthias J. Landies</u> (ADDRESS) <u>Jamestown Mo 64501</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Lawrence</u> DATE <u>Aug 9 - 1935</u>		
19. UNDERTAKER <u>W.D. Haines</u> (ADDRESS) <u>Salmon City Mo</u>		
20. FILED <u>Aug 2 1935</u> <u>John C. Robinson</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934 to Aug 15 1935  
I last saw him alive on Aug 30 1935 Death is said to have occurred on the date stated above, at 12:59 p.m.  
The principal cause of death and related causes of importance were as follows:  
Multiple neuritis Date of onset 1/1/34

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? No  
If so, specify \_\_\_\_\_  
(Signed) J. B. Graham  
(Address) J. B. Graham

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.

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

