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.

OCT 2 2 1935

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

Do not use this space.

29056

File No. 3

Registered No. 46

1. PLACE OF DEATH

County: Clinton — Registration District No. 204

Township: Shoal — Primary Registration District No. 3013

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

2. FULL NAME Mrs Florence Lankford.

(a) Residence, No. So. Chestnut St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. H. Lankford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
80	2	16	

OCCUPATION

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

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) Trumbull Co. Ohio

FATHER

13. NAME H. W. Woodford

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

MOTHER

15. MAIDEN NAME Dont Know Taltot

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

17. INFORMANT Mrs C. P. Dorsey (ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chillicothe, Mo. DATE Sept. 24, 1935

19. UNDERTAKER O. A. Moore, (ADDRESS) Cameron, Mo.

20. FILED Sept 24th, 1935 D'Lat Ridley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept, 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1935 to Sept 23, 1935

I last saw her alive on Sept 22, 1935 Death is said to have occurred on the date stated above, at 6 A. m.

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

	Date of onset
Hypostatic Pneumonia	Sept 21 1935
Other contributory causes of importance: Anemia Pernicious	1934

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 ....., 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) A. O. Gilliland M. D.

(Address) Cameron, Mo.