

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

Do not use this space.

40823

JAN 21 1936

**1. PLACE OF DEATH**

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

Nearby Farmington, Mo. (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME Mrs. Carrie Landie**

(a) Residence, No. Bellview, Mo. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Landie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	67	?	?	

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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Abrahamsville, Mo DATE 12-31-35

19. UNDERTAKER White's Undertaking Co (ADDRESS) Abrahamsville, Mo

20. FILED Dec 30, 1935 93 J. Robinson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30- 1935

22. I HEREBY CERTIFY, That I attended deceased from/ 9-1-32, 19\_\_\_\_, to 12-30-, 1935

I last saw her alive on 12-30-, 1935 Death is said to have occurred on the date stated above, at 8:10A.m.

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

Chronic Myocarditis with Coronary Sclerosis (Terminal Coronary Thrombosis) Date of onset \_\_\_\_\_

Other contributory causes of importance: General Arteriosclerosis  
Dementia Praecox

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) G. R. Rives, Jr., M. D.

(Address) Farmington, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated FULLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION  
MOTHER  
FATHER

31  
8  
2

