

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

FED 20 1936

134.

1. PLACE OF DEATH

County Jackson Registration District No. 3 File No. _____
 Township Kear Primary Registration District No. _____ Registered No. 200
 City W. C. Mo. (No. 179) S Oakley St. _____ Ward _____

2. FULL NAME

Margaret Belle Land
 (a) Residence, No. 119-8-Oakley 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe. 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roland J Land
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 51 10 26

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1936
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1936 to Jan. 12, 1936
 I last saw her alive on Jan. 11, 1936 Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:

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. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Cerebral Hemorrhage Date of onset 1/9/36
 Other contributory causes of importance Cerebral Arteriosclerosis

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Mo.
 13. NAME George Staley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Mo.
 15. MAIDEN NAME Laura Sanford
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Microscopic Exam. 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 _____

17. INFORMANT William M Land (ADDRESS) 119-8-Oakley
 18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory No. 2, St. Louis DATE Jan 14, 1936
 19. UNDERTAKER Rose Henderson (ADDRESS) 4139 E. 15th
 20. FILED Jan 13, 1936 M. M. Brown Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. P. Pettibone, M. D.
 (Address) 1309 Walnut St. St. Louis, Mo.

