APR 17 1936

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

Do not use this space.

File No. 10253

Registered No.

1. PLACE OF DEATH

County: Greene — Registration District No. 324

Township: Robberson — Primary Registration District No. 5449

City: Springfield Mo (No. Willard R 2 St. Ward)

2. FULL NAME Bettie Lue Van Lanningham

(a) Residence, No. Willard Mo R 2 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. ~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~ (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1931

7. AGE: Years 5 — Months 0 — Days 7 — 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) Fair Grove Mo

FATHER

13. NAME John Van Lanningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartville Mo

MOTHER

15. MAIDEN NAME Jessie I Perish

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elkland Mo

17. INFORMANT (ADDRESS) John Van Lanningham Willard Mo R 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Bluff DATE March 3 1936

19. UNDERTAKER (ADDRESS) F. G. Freeman Springfield Mo

20. FILED March 5 1936 Thos Guy Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-29 1936, to 3/2 1936, I last saw h. alive on 3/2 1936. Death is said to have occurred on the date stated above, at 6 45 m.

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

	Date of onset
Larynegeal Diphtheria	2-29
	3/1
	3/2

Other contributory causes of importance:

Name of operation None 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) F. G. Freeman M. D.

(Address) Springfield Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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