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.

MAY 22 1936

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

Do not use this space.

15907

1. PLACE OF DEATH
County Linn
Township ~~Brookfield~~
City Brookfield (No. ..... St. ..... Ward)
Registration District No. 496
Primary Registration District No. 3025
File No. .....
Registered No. 48

2. FULL NAME Eliza Jane Vanlandingham
(a) Residence, No. 604 Elliott St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Vanlandingham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-10-1863
7. AGE YEARS 72 MONTHS 8 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Linn Co Mo

FATHER
13. NAME M. Y. Lusky
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

MOTHER
15. MAIDEN NAME D. K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT (ADDRESS) Mrs V. Farrenkoff Brookfield Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Micheal DATE Apr-28 1936
19. UNDERTAKER (ADDRESS) C. W. Hill Brookfield Mo
20. FILED May 9 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-25 1936
22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936, to Apr 25, 1936
I last saw her alive on Apr 25 1936 Death is said to have occurred on the date stated above, at 730 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (lobar)	Mch 25

Other contributory causes of importance: Uremia

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) Grace S. McDonald D.O.
(Address) Brookfield Mo