

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

Do not use this space.

JUL 28 1936

23468

1. PLACE OF DEATH

County..... Linn
Township..... Bucklin
City..... Bucklin (No.)

Registration District No. 458
Primary Registration District No. 4301

File No. 15
Registered No.
St. Ward)

2. FULL NAME Elbert Lanekin

(a) Residence, No. St., Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tax collector
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bucklin Mo

13. NAME Robert Lanekin

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

15. MAIDEN NAME Ann Phillips

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

17. INFORMANT (ADDRESS) Ellen Lanekin

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Grove DATE June 21, 1936

19. UNDERTAKER (ADDRESS) W. H. Tarsney

20. FILED 6-20 1936 L. B. Cantwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/5, 1936, to 6/19, 1936

I last saw him alive on 6/19, 1936. Death is said to have occurred on the date stated above, at 4:40 p.m.

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

Chr Myocarditis Date of onset
Chr Hypertension
Chr Glom nephritis
Arteria-sclerosis

Other contributory causes of importance:
Chr Glom nephritis
Hypertension
Arteria-sclerosis

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) W. H. Tarsney D.O. 10
(Address) Bucklin Mo

Exact statement of OCCUPATION is very important.

