

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

25182

File No. 75
 Registered No. _____
 St. _____ Ward)

1. PLACE OF DEATH

County Schuyler
 Township _____
 City Lancaster

Registration District No. 805
 Primary Registration District No. 4484

2. FULL NAME

Albert Short Lanham
 (a) Residence No. _____ 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 male 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 Mrs. A. S. Lanham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 24 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
76 5 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Vermillion Co. Ill.
 (STATE OR COUNTRY)

10. NAME OF FATHER Robert A. Lanham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Mary J. Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ill.

14. INFORMANT Mrs. A. S. Lanham
 (Address) Lancaster, Mo.

15. FILED June 27, 1936 Byrdie W. Drake
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15, 1936

17. I HEREBY CERTIFY, That I attended deceased from June 14th, 1936, to June 15, 1936.
 that I last saw him live on June 15, 5 P.M., 1936, and that death occurred, on the date stated above, at this time a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma (metastatic),
intestinal.

Unknown (duration) _____ yrs. mos. ds.
 CONTRIBUTORY Chronic myocarditis, and
 (SECONDARY) intestinal hemorrhage (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 1936

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Lab. examination
 (Signed) Ida M. Newton M. D.

June 17, 1936 (Address) Lancaster, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL I.O.O.F. Cemetery
 DATE OF BURIAL June 17 1936

20. UNDERTAKER John A. Roberts
 ADDRESS Lancaster Mo.

JUL 28 1936

Unknown.

History given of
amputation of arm
for carcinoma about
1 yr ago.

V. M. B.

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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Schuyler
Township
City Lancaster (No.)

Registration District No. 805-
Primary Registration District No. 4484

File No.
Registered No. 75
St. Ward

2. FULL NAME

Albert Short Rankin

(a) Residence, No. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 5 21

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 20 1936 Byrdie H. Drake Registrar
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15-1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Carcinoma metastatic Date of onset
intestinal

Other contributory causes of importance:

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) I. M. Mutton, M. D.

(Address) Lancaster

SUPPLEMENT

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.