eeters

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.

AUG 15 1936

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

Do not use this space.

25672

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No.
Township — Primary Registration District No. 3007 — Registered No. 176
City Poplar Bluff (No. 216 Victor St. St. Ward)

2. FULL NAME Ethel Lankford
(a) Residence, No. 216 Victor St. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Earl Lankford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 2, 1903

7. AGE: YEARS 32 — MONTHS 8 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife
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): Columbus, Georgia

FATHER
13. NAME: Joe Tolbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

MOTHER
15. MAIDEN NAME: Laura Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

17. INFORMANT (ADDRESS): Earl Lankford, 216 Victor St. City

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Cem.
PLACE Poplar Bluff, Mo. DATE 7/26, 1936

19. UNDERTAKER (ADDRESS): Frank Und. Co., Poplar Bluff, Mo.

20. FILED 7/26 1936 Ol Gutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1936 to July 25, 1936
I last saw her alive on July 25, 1936. Death is said to have occurred on the date stated above, at 11A. m.
The principal cause of death and related causes of importance were as follows:

Typhoid fever — Date of onset

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) J. W. McDonald, M. D.
(Address) Poplar Bluff, Mo.