JAN 20 1937

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

Do not use this space.

44580

1. PLACE OF DEATH
County Howell — Registration District No. 384
Township — Primary Registration District No. 4227
City West Plains, (No. , St. Ward)

File No.
Registered No.

2. FULL NAME Julius Landgraf
(a) Residence, No. Catron Arcade 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 1879

7. AGE: YEARS 57 — MONTHS 7 — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor
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: 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia Ills

FATHER
13. NAME: Earnest Landgraf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saxony

MOTHER
15. MAIDEN NAME: Cathrin Sou Kup
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Astria

17. INFORMANT (ADDRESS): C. J. Landgraf, Springfield Mo

18. BURIAL, CREMATION, REMOVAL: Oak Lawn Cem.
PLACE West Plains, Mo. DATE Dec. 6, 1936

19. UNDERTAKER (ADDRESS): Hal Thornburgh, West Plains, Mo.

20. FILED 12-6, 1936 Vida W Simons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from No attendance, to found dead, 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:

	Date of onset
Alcoholism	

Other contributory causes of importance:

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?
If so, specify
(Signed) Mrs Hal Thornburgh, Coroner, M. D.
(Address) West Plains, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.