

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.

17-59 APR 8 1937

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

Do not use this space.

9439

File No. 1155
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City, Mo (No. 3518 Harrison) St. _____ Ward _____

2. FULL NAME

Charles W Land
(a) Residence, No. 3518 Harrison 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 Madeline Land.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-20-1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 0 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Saline Co Mo

13. NAME Wm. H. Land.

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

15. MAIDEN NAME Mary Gilliam

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

17. INFORMANT (ADDRESS) Mrs Sylvester Wees 3518 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Gilliam Mo DATE 3/7/37

19. UNDERTAKER (ADDRESS) 3146 Main St

20. FILED 3-8-37 M. C. McLaughlin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-1937

22. I HEREBY CERTIFY, That I attended deceased from _____
Have been here at times for over 4 years
I last saw him alive on March 4, 1937. Death is said to have occurred on the date stated above, at 7 A. m. March 6/37
The principal cause of death and related causes of importance were as follows:

Had a stroke, cerebral hemorrhage - several years ago - almost helpless since. Had another attack March 4/37 night -
Other contributory causes of importance: Arteriosclerosis - aortic cardiac hypertrophy -

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) J. F. Patton, M. D.
(Address) 1202 Madison Pl. St. P. O.

1. f. 1. frame

201928 Woodlee Hotel
Coastham Road
office Vi # 5620
