

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

Do not use this space.

JUL 26 1937

1. PLACE OF DEATH

County BUCHANAN
 Township WASHINGTON
 City ST. JOSEPH.

Registration District No. 85
 Primary Registration District No. 1001
 (No. ST. JOSEPH HOSPITAL)

File No. 23249
 Registered No. 734
 St. _____ Ward _____

2. FULL NAME CLARA LANHAM

(a) Residence, No. 1209 SOUTH 18TH ST., St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 40 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 26, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 8 3

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH, MISSOURI

FATHER 13. NAME HERMAN D. SCHMIDT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UN KNOWN GERMANY

MOTHER 15. MAIDEN NAME SOPHIE W. KUEKER

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

17. INFORMANT (ADDRESS) SOPHIE W. SCHMIDT, MOTHER ST. JOSEPH, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND CEMETERY DATE JULY 2, 1937

19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. JOSEPH, MO.

20. FILED July 1, 1937 H. Nestlebusch, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 29, 1937

22. I HEREBY CERTIFY That I attended deceased from June 26 to June 29, 1937. I last saw h. E.R. alive on June 29, 1937. Death is said to have occurred on the date stated above, at 4:50 P.M.

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

Encephalitis Epidemica Date of onset 6-16-37

Other contributory causes of importance: non suppur meningitis

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Frank W. Hartigan, M.D.
 (Address) Kempalieu, Redi

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 23,249

Township St. Joseph

Primary Registration District No. 1001

Registered No. 734

City St. Joseph (No. _____)

St. _____ Ward _____

2. FULL NAME Clara 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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. 40 8 3

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. FILE 71 1937 St. Joseph Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw _____ 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:

encephalitis epidemic
Date of onset _____

Other contributory causes of importance: 17

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) Frank Hartigan, M. D. (Address) St. Joseph, Mo.

SUPPLEMENTARY

S-23249

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