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

Do not use this space.

AUG 31 1937

## 1. PLACE OF DEATH

County Saline Registration District No. 2926  
Township Arrow Rock Primary Registration District No. 4473  
City (No. \_\_\_\_\_) \_\_\_\_\_ Registered No. 28442  
City (No. \_\_\_\_\_) \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lee Land

(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 Miranda Land  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1871  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 5 29  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Mo.  
13. NAME  Sterling J. Land  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
15. MAIDEN NAME  Margaret Elizabeth Baker  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.  
17. INFORMANT  Perry Land  
(ADDRESS)  Hughesville Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE  Ridge Park Cem. July 14, 1937  
19. UNDERTAKER  R. W. Campbell  
(ADDRESS)  Marshall Mo.  
20. FILED  Aug 12 1937  C. L. Lawless  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)  July 12 1937  
22. I HEREBY CERTIFY that I attended deceased from  July 8 1937 to  July 12 1937  
I last saw him alive on  July 12 1937. Death is said to have occurred on the date stated above, at  8:45 P.

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

Streptococic infection  
 started in pinprick finger 7-5-37  
 on right hand, extended  
 to left side of chest & abdomen  
Other contributory causes of importance:

Name of operation  None Date of \_\_\_\_\_  
What test confirmed diagnosis:  Cholesterol Was there an autopsy?  No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide:  Accident Date of injury  7-5-1937  
Where did injury occur?  Saline County  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
 was working on grade on road  
Manner of injury  cut finger  
Nature of injury  cut on finger of right hand

24. Was disease or injury in any way related to occupation of deceased?  No  
If so, specify \_\_\_\_\_  
(Signed)  A. C. Putnam M. D.  
(Address)  Marshall Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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.

