

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

Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

County Audrain
Township Saltriver
City Mexico Mo

Registration District No. 261
Primary Registration District No. 3002
(No. 518 W. Whitley St.)

File No. 36999
Registered No. 156
St. _____ Ward _____

2. FULL NAME Harry W. Landrum

(a) Residence, No. 518 W. Whitley 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Landrum</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 16, 1869</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>4</u>	DAYS <u>29</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

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) Laddonia, Mo.
(STATE OR COUNTRY)

13. NAME Silas Landrum

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

15. MAIDEN NAME Mary Brothers

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

17. INFORMANT Mrs. Anna Landrum
(ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico, Elmwood Cemetery DATE Oct 17 1937

19. UNDERTAKER H.A. Precht & Son
(ADDRESS) Mexico, Mo.

20. FILED Oct-16 1937 Blanche Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1937

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

Natural Cause
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) Blanche Neely

(Address) Cornier

Audrain Co.

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.

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