

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Adair  
Township Novinger  
City Novinger

Registration District No. 5002  
Primary Registration District No. 5002  
(No. R.F.D., # 1)

File No. 44478  
Registered No. 81  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Sophia Ann Vanlaningham

(a) Residence, No. Novinger R.F.D. St. \_\_\_\_\_ Ward \_\_\_\_\_

(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>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12 - 1932</u>		
7. AGE	YEARS <u>5</u>	MONTHS <u>8</u>
	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Missouri

13. NAME Dee Vanlaningham

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

15. MAIDEN NAME Emmie Ewing

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

17. INFORMANT Alton Vanlaningham  
(ADDRESS) Novinger R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Hazel Creek Union DATE Dec. 14 - 1937

19. UNDERTAKER DeWiley Funeral Home  
(ADDRESS) Wardsville Mo

20. FILED 12/21 1937 J.S. Gashwiler  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 14 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1937, to Dec 14, 1937

I last saw him alive on Dec 13, 1937 Death is said to have occurred on the date stated above, at 7 a m.

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

Scarlet Fever  
Date of onset Dec 5 1937

Other contributory causes of importance:

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) N. J. Garrison, M. D.  
(Address) Novinger Mo.

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

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.

