REC'D APR 7 1938

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

3
1

Do not use this space.

1. PLACE OF DEATH
County COLE — Registration District No. 213 — File No. 10527
Township — Primary Registration District No. 3014 — Registered No. 94
City JEFFERSON CITY (No. Mo. State Prison Hosp. St. Ward)

2. FULL NAME ROBERT LANDIS - #49217 5-32
(a) Residence, No. MISSOURI STATE PRISON 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 20, 1888

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
50	1	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown
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): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS): Mo. State Prison
18. BURIAL, CREMATION, OR REMOVAL PLACE: Turksville Mo. DATE: 3/19 1938
19. UNDERTAKER (ADDRESS): Thorpe-Gordon Company, Jefferson City, Missouri
20. FILED: 2/19/1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1938, to March 18, 1938
I last saw him alive on March 18, 1938. Death is said to have occurred on the date stated above, at 12:30 m. A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	3-13 1938

Other contributory causes of importance: 108

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) W. W. Rambo, M. D.
(Address) W. W. RAMBO, M. D.
Prison Physician

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.

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