

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.

MAY 18 1938 JUN 7 1938

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

Do not use this space.

19574

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Koch (No. Roch Hospital)

Registration District No. 784
Primary Registration District No. 200

File No. _____
Registered No. 876
St. _____ Ward _____

2. FULL NAME

Nellie Landers LANDERS 536

(a) Residence, No. 1211 Grattan 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 Female 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 Calvin Landers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 0 3

OCCUPATION 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. Paper factory
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Annapolis, Mo.

FATHER 13. NAME William Faudier

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

MOTHER 15. MAIDEN NAME Ruth Butter

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

17. INFORMANT Roch Hospital Records, Koch, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Annapolis, Mo. DATE May - 20, 1938

19. UNDERTAKER (ADDRESS) A. H. McLaughlin, 2301 Lafayette Ave

20. FILE MAY 18 1938 F. R. Meyer, M.D., P. 27 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1938, to May 17, 1938

I last saw him alive on May 17, 1938. Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Pulmonary tuberculosis Date of onset 1932
Tuberculosis of larynx Dec 27
Other contributory causes of importance: 23W

Name of operation _____ Date of _____
What test confirmed diagnosis? Sputum 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) Margaret E. Zornia, M. D.
(Address) Roch Hospital, Koch, Mo.

I hereby certify that the body was embalmed
by me.

J R Cooper

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