

NOV 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Putnam Registration District No. 718

Township \_\_\_\_\_

Primary Registration District No. 6990

City Unionville No. 395

File No. 36588

Registered No. 98 St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Lanester  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24-1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 3 20

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 1938  
22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1938, to 19, 1938.  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:30 P. m.  
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Timber  
10. Date deceased last worked at this occupation (month and year) Oct 7 38 11. Total time (years) spent in this occupation 45

Coronary Thrombosis Date of onset Oct. 13, 1938  
9415  
Other contributory causes of importance: Arterio Sclerosis Unknown  
Hypertension

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Missouri  
13. NAME William Lanester  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

Name of operation Exsanguination Date of \_\_\_\_\_  
What test confirmed diagnosis? History Was there an autopsy? NO

MOTHER 15. MAIDEN NAME Eula Jane Williams  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
17. INFORMANT Joe Lanester (ADDRESS) Unionville Mo

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
Where did injury occur? Unionville, Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. In Home  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE Oct 15 1938  
19. UNDERTAKER Emstok Merc Co (ADDRESS) Unionville, Mo.  
20. FILED Oct 15 1938 J. W. Gillum Registrar.

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_  
(Signed) J. E. Henson M. D.  
(Address) Unionville, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-98-550

Date Filed 11-4-38