DEC'D JAN 24 1938

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

Do not use this space.

43762

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township ~~Mason~~ — Primary Registration District No. 3029 — Registered No. 334

City Hannibal (No. St. Elizabeth Hospital St. Ward)

64 1 5

2. FULL NAME 545 Janie Lee Vanlandingham

(a) Residence, No. almyra, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 29, 1896

7. AGE: YEARS 42 — MONTHS 1 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
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) (STATE OR COUNTRY): Marion County, Mo.

FATHER

13. NAME: H. Clay Vanlandingham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County, Mo.

MOTHER

15. MAIDEN NAME: Willie F. Vanlandingham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County, Mo.

17. INFORMANT (ADDRESS): Miss Nellie Vanlandingham, Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Palmyra, Mo.
PLACE Greenwood Cem. DATE 12/21/38, 19

19. UNDERTAKER (ADDRESS): Lewis Bros, Palmyra, Mo.

20. FILED Dec. 20 1938 W. S. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1938, to Dec 19th, 1938

I last saw her alive on Dec 18th, 19 Death is said to have occurred on the date stated above, at 1.50 a.m. m.

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

Acute pancreatitis with peritonitis — Date of onset

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Other contributory causes of importance: Glycosuria, albuminuria

Name of operation none Date of ✓

What test confirmed diagnosis clinical 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? No

If so, specify ✓

(Signed) W. C. O'Neal, M. D.

(Address) Palmyra, Mo.

WRITE PLAINLY, WITH UNFADING 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.

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