

DEC'D FEB 21 1939

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

1687

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township Washington Primary Registration District No. 1001 Registered No. 85
(c) City Saint Joseph (d) Street No. Missouri Methodist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

530 Jimmie E. Landie grave # 32
(a) Residence, No. Kirschner addition St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 Unk. Unk.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as 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) Saint Joseph, Missouri

13. NAME Unknown Landie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown

17. INFORMANT (ADDRESS) Missouri Methodist Record 8th and Faraon Street

18. BURIAL, CREMATION, OR REMOVAL PLACE City cemetery DATE January 28, 1939

19. FUNERAL DIRECTOR (ADDRESS) E. R. SIDENFADEN FUNERAL HOME 602 South 10th Street

20. FILED Jan 28 39 W. J. Speck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25, 1939

22. I HEREBY CERTIFY That I attended deceased from January 19, 1939 to January 25, 1939. I last saw him alive on January 24, 1939. Death is said to have occurred on the date stated above, at 6:40 A.M.

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

General peritonitis (septic)

Date of onset

Other contributory causes of importance:

Name of operation Abdominal drainage Date of clinical
What test confirmed diagnosis? with culture 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

(Signed) W. J. Speck, M. D.

(Address) Saint Joseph, Mo.

~~At~~
Elam Coby

28446

EXT. ALA. BRANCH

STATEMENT BY LICENSED EMBALMER

I, Theron O Smith, Licensed Embalmer No. 3928
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
and Mollie E. Sidenfaden
No. _____ or by _____ Registered Apprentice No. 145
working under my personal supervision.
Signed Theron O. Smith
Licensed Embalmer No. 3928

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

Admitted to hospital in a state of shock night of January 20, 1939. Operated, drainage January 22, 1939. History---- 3 weeks prior to admission, he fell out of a boat and struck his abdomen. Fall was followed by pain around umbilicus, which soon spread over entire abdomen, especially pronounced over hypogastrium. The next day, vomiting began and continued to date of admission, at which time the vomitus was fecal in character. Bowels moved normally first week following accident, frequent second week. Last few days prior to admission, bowel movements small. Last bowel movement day before admission. Lost 15 pounds since date of accident. Had painful urination from beginning. Ran temperature for several days following accident, became progressively worse from date of injury. Was in extremis, at admission, but rallied a little next day. Drainage made on January 22, 1939.

Post-op

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 85
 (c) City St Joseph (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jimmie E. Landie
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49 _____ _____ _____

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) _____

FATHER 13. NAME _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1939

22. I HEREBY CERTIFY that I attended deceased from _____ to _____, 19____
 I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Central Peritonitis
followed by shock 3 weeks before
death - possibly
the result of ruptured ap-
pendix of 3 weeks standing

Other contributory causes of importance: _____

abdominal drainage

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? fall from Date of injury Jan 3, 1939

Where did injury occur? accident (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place - fall out of boat
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) H. G. Elam, M. D.
 (Address) St Joseph

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

ROVER & MOORE