

REC'D MAY 18 1939

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

14731

Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 250
(b) Township 1 Primary Registration District No. 4150 Registered No. 9
(c) City Gallatin (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 13 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 521 Cynthia Jane Lankford

(a) Residence, No. Gallatin, Mo. 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 Female 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 Elias Lankford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y. 22, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 2 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) Apr. 1939 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co. Missouri

13. NAME Edward Cox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

15. MAIDEN NAME Marinda Osborne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk own Missouri

17. INFORMANT M. T. Lankford
(ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lick Fork Cem. DATE Apr. 28, 1939

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Undert.
(ADDRESS) Gallatin, Mo.

20. FILED Apr. 28, 1939 H. H. Hope Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1939, to 4/26, 1939

I last saw her alive on 4/26, 1939 Death is said to have occurred on the date stated above, at 11:25 PM

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

- ① General Toxemia due to Intestinal Obstruction due to a volvulus - Date of onset 4/25/39
- ② hypostatic pneumonia 4/26/39
- ③ Hypertension
- ④ Arteriosclerosis
- ⑤ Senility

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? None 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) Edward Cox, M. D.

(Address) Gallatin 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.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I-218003

RECEIVED

District Health Officer No. 111

District File Number 39-512

Date Filed MAY 12 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~and~~.....

L. O. Richesson....., Registered Apprentice No.....
working under my personal supervision.

Signed L. O. Richesson.....

Licensed Embalmer No. 3302.....

P. O. Address Gallatin, Mo......

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.)

If this body is not embalmed, above space should be left blank.