

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

36598
Do not use this space.

1. PLACE OF DEATH
 (a) County McDonald Registration District No. 142
 (b) Township Crile Primary Registration District No. 5643
 (c) City Goodman (d) Street No. _____ St.
 (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 Lulu Ann Lanham
 (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 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 L.H. Lanham
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 - 1888
 7. AGE YEARS 51 MONTHS 6 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Frank
 FATHER 13. NAME Frank Suedagar
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 MOTHER 15. MAIDEN NAME Ester Camp
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT L.H. Lanham
 (ADDRESS) Goodman
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sterling Maus DATE Oct 29 1939
 19. FUNERAL DIRECTOR (NAME) Chas W Williams
 (ADDRESS) Goodman Mo
 20. FILED 11-10, 1939 Chas W Williams
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1939 to Oct 26 1939
 I last saw her alive on Oct 16 1939. Death is said to have occurred on the date stated above, at 4 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma Breast
 Date of onset _____
 Other contributory causes of importance: 50
 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? _____ 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) R. L. Lanham, M. D.
 (Address) Neosho 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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NOV 24 1939

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RECEIVED

District Officer No. 6,

District File Number 1139-2361

Date Filed NOV 14 1939

SEP 2 1941

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,

or by Marellan Williams

Registered Apprentice No. 234, working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2657

P. O. Address Meridian, Miss

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.