

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

Do not use this space.

2164

1. PLACE OF DEATH

County Moniteau
Township Maresau
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 5770
Primary Registration District No. 1095

File No. _____
Registered No. _____

2. FULL NAME Thomas Isaac Newton Lander

(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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widowed

5A. ~~WIDOWED~~ WIDOWED, ~~OR DIVORCED~~ HUSBAND OF Mary Ann Lander

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 5 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer). Retired
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER J. A. Lander

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy Carpenter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

14. INFORMANT O. A. Lander
(Address) Clarkeburg Mo.

15. FILED 2-3 1931 Garnett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 30 1930, to Jan 29 1931, that I last saw him alive on Jan 25 1931, and that death occurred, on the date stated above, at 4:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
82D
OTA
Binuclear Pneumonia
(duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (SECONDARY) Genl Paralysis
(duration) 3 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 82D

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical
(Signed) D. H. Redman M. D.

, 19 (Address) Pipton, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Int. Marsh Cemetery DATE OF BURIAL Jan 31 1931
Moniteau Co., Mo.

20. UNDERTAKER Jesse E. Richards ADDRESS Pipton, 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.

60
FEB 30 1931

