2
FEB 20 1928

Cole

551

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

Do not use this space.

1. PLACE OF DEATH
County Cole
Township Jefferson
City

Registration District No. 213
Primary Registration District No. 3014
(No. St. Ward)

File No.
Registered No. 12

2. FULL NAME Bailey W Lansdown
(a) Residence. No. 1700 W High St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 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): married
5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of: Jennie Stalton
6. DATE OF BIRTH (month, day and year): June [redacted]
7. AGE: Years 68 Months 7 Days 11 or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Iberia Mo

PARENTS
10. NAME OF FATHER: Geo Lansdown
11. BIRTHPLACE OF FATHER (city or town) (State or country): Va
12. MAIDEN NAME OF MOTHER: Frances Taylor
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Tenn.

14. Informant: Mr D. W Lansdown
(Address) 1700 High

15. Filed 1-2 1928 S. A. Bedford, Registrar

MEDICAL CERTIFICATE OF DEATH ✓

16. DATE OF DEATH (month, day and year): Jan 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1927 to Jan 20, 1928
that I last saw him alive on Jan 20 1928, and that death occurred, on the date stated above, at 9:30 P.m.
The CAUSE OF DEATH* was as follows:
obstruction of Bowel due to a growth in the transverse Colon
46 C (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 122 B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) S. A. Bedford, M. D
, 19 (Address) Jeff. C. 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: Riverview
DATE OF BURIAL: 1/22 1928

20. UNDERTAKER: Dawson Tanner
ADDRESS: J. C. Mo

(Left margin:) ...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.

[redacted]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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

1. PLACE OF DEATH
County Cole Registration District No. 212 File No.
Township Primary Registration District No. 3014 Registered No. 12
City Jefferson (No. St. Ward)

2. FULL NAME Bailey W. Lawndown

(a) Residence. No. 1700 West High St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): M.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9-1855

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED....., 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1928.

17. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Obstruction of Bowel due to a growth in the transverse colon & Malignant
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

SUPPLEMENTARY 45

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Date of
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D
, 19 (Address)

*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	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

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