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

Do not use this space.

11063

File No. 85

Registered No. 451

Registration District No. 1001

Primary Registration District No.

1. PLACE OF DEATH
County: Buchanan
Township: ~~Washington~~
City: St Joseph Mo (No. St. Josephs Hospital St. Ward)

2. FULL NAME: Joseph Lang

(a) Residence. No. Easton Mo 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 28 1873

7. AGE: Years 53 | Months 4 | Days 4 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Germany

PARENTS
10. NAME OF FATHER: Sebastian Lang
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Susan Hanner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: Mrs Eugenia Wiegelman
(Address) 1020 So. 16th St.

15. FILED MAY 2 1927 John G. Jost, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): April 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr. 27, 1927, to Apr. 30, 1927, that I last saw him alive on " 1927, and that death occurred, on the date stated above, at 5:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Perforated Gangrenous Appendicitis with Abscess & beginning Peritonitis
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Peritonitis and Septicemia
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Easton Mo.

DID AN OPERATION PRECEDE DEATH? yes DATE OF Apr. 27-1927

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation & Clinical Symptoms

(Signed) Carl Potter, M.D.
Apr. 30, 1927 (Address) 731 Faraon

*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: Easton Mo. | DATE OF BURIAL: May 2 1927

20. UNDERTAKER: E. R. Sidenfaden | ADDRESS: 602 South 10th St

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.

THIS IS A PERMANENT RECORD