

rewdson

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

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18077

1. PLACE OF DEATH

County Pike
Township Louisiana
City Louisiana (No. 2)

Registration District No. 689
Primary Registration District No. 3003

File No. 18077
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Minnie Stearns Lang
(a) Residence. No. main St., Far.

(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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/30 1928

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Lang

17. I HEREBY CERTIFY, That I attended deceased from several years, 1918 to 5/30, 1928 that I last saw her alive on 5-29, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/19-61

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 | 7 | 11

apoplexy
1740

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 97
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 2 yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

10. NAME OF FATHER Unknown

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. H. Rewdson, M. D.

12. MAIDEN NAME OF MOTHER Unknown

5/30, 1928 (Address) Louisiana no

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

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

14. INFORMANT John Lang
(Address) Louisiana no

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Riverview Louisiana no DATE OF BURIAL 6/1 1928

15. FILED 5/31, 1928 J. H. Rewdson REGISTRAR

20. UNDERTAKER J. H. Rewdson ADDRESS Louisiana no

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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[The main body of the document is extremely faint and illegible. It appears to contain several paragraphs of text, possibly a letter or a report, but the content cannot be discerned.]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Pike Registration District No. 689 File No.
 Township Louisa Primary Registration District No. 3033 Registered No.
 City Louisa (No.) St. Ward)

2. FULL NAME Minnie Steens Lary
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED m
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-19-61

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 16 7 11

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
 (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)

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)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 19 28

17. I HEREBY CERTIFY, That I attended deceased from 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:

 CONTRIBUTORY (SECONDARY) (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)....., 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.

14. INFORMANT (Address)

15. FILED 5/31 1928 H. C. Haley, Jr. REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 19.....

20. UNDERTAKER ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PECCATIANS 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

SUPPLEMENTARY

S-18077

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