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

Do not use this space.

File No. 38229

Registered No. 20825

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. St Lukes Hospital St. ..... Ward)

2. FULL NAME Josphene Langston

(a) Residence. No. 3720 A Carlin St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 4 - 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	1	4	

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

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

PARENTS

10. NAME OF FATHER Doctor Kington

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

12. MAIDEN NAME OF MOTHER Kate Frost Kington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Jersyville Ill

14. INFORMANT Marvin H.
(Address) Jerseyville Ill

15. FILED NOV 5, 1928 Ray C Starkloff
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1928, to Nov 2, 1928, that I last saw h. alive on Nov 2, 1928, and that death occurred, on the date stated above, at 9 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lymphosarcoma Stomach
4 Wks
1 3 D 44 Al
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Nephritis
(duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
Sept 8 1928
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 8 1928
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic examination
(Signed) Ellen K Dixon, M. D
, 19 (Address) 3720 Washington

*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 Jersy Ville Ill — DATE OF BURIAL Nov. 4 1928

20. UNDERTAKER Jacoby Bros. — ADDRESS Jersy Ville Ill.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible]