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

Do not use this space.

43915 (2)

FEB 25 1929

1. PLACE OF DEATH
County: Webster
Township: Ozark
City: ..... (No. ..... St. ..... Ward)

Registration District No. 896
Primary Registration District No. 6198

File No. .....
Registered No. .....

2. FULL NAME: Frank Lang

(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): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 26, 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	7	9	

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): Hungary

PARENTS

10. NAME OF FATHER: Joseph Lang
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ~~Unknown~~
(STATE OR COUNTRY): Hungary
12. MAIDEN NAME OF MOTHER: Rosana Hosina
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ~~Unknown~~
(STATE OR COUNTRY): Hungary

14. INFORMANT: Mrs Rosa Perry
(Address): Marshfield Mo R

15. FILED 1/11/29 J R Bruce
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1928, to Dec 5, 1929, that I last saw h.. alive on Dec 5, 1929, and that death occurred, on the date stated above, at 3-30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Fever
Fever of Lungs
108 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 101a
(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) W F Schlutt M. D
12/6, 1928 (Address) Niangua 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: Marshfield
DATE OF BURIAL: 12/6 1928

20. UNDERTAKER: H D M, Mahan
ADDRESS: Marshfield

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.