

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

Do not use this space.

29310

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 1509 Biddle St.)

File No. ....  
 Registered No. 8458  
 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 1509 Biddle St. 25 Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 13 yrs. 10 mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Henry Langford  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20, 1898  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
31 4 20

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15, 1929  
 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..... 4:50 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis  
 (duration)..... yrs. .... mos. .... ds.

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

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) [Signature] M.D.  
16, 129 (Address) [Signature]

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Alabama  
 10. NAME OF FATHER William Larkin  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Alabama  
 12. MAIDEN NAME OF MOTHER Rosina Nelson  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Alabama

\*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 Rosina Larkin  
 (Address) 1625 Carroll St. (Dear)  
 15. FILED..... 19.....  
Mar. C. Starnes REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park DATE OF BURIAL Aug 19, 1929  
 20. UNDERTAKER Metropolitan Fun. Home ADDRESS 5559 Lucas

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.

