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

Do not use this space.

Dr. Edmondson

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No. 36929

Township — Primary Registration District No. 2001 — Registered No.

City Springfield (No. 797 W. Elm St. Ward)

2. FULL NAME Geo. Langdon

(a) Residence. No. 797 W. Elm 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 22, 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	82	1	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Railway Employee

(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) New York

PARENTS

10. NAME OF FATHER Horace Langdon

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

12. MAIDEN NAME OF MOTHER MariettaChamberlain

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

14. INFORMANT Mrs. Langdon
(Address) 797 W. Elm

15. FILED 11-9, 1929 Lou Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 9, 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1929, to Nov 9, 1929 that I last saw him alive on Nov 7, 1929, and that death occurred, on the date stated above, at 3:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis and Senility.
93C
162
2 weeks (duration) yrs. mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) M. T. Edmondson, M.D.

11-9, 1929 (Address) 318 College Springfield 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~~ East Lawn — DATE OF BURIAL Nov. 11 1929

20. UNDERTAKER Alma Lohmeyer Funeral Home — ADDRESS Springfield Missouri

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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