

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

Do not use this space.

39285

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 7003  
City..... (No. 2202 Randolph) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 11887  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lillie Langa  
(a) Residence. No. 2202 Randolph St. 22 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>unknown</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>About 43</u>	<u>-</u>	<u>-</u>	<u>-</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work. <u>Domestic</u>				
(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) <u>Meridian Miss.</u>				
10. NAME OF FATHER <u>unknown</u>				
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>				
12. MAIDEN NAME OF MOTHER <u>unknown</u>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>				

14. INFORMANT. J. L. Langa  
(Address) 2202 Randolph

15. FILED 1020 19 1929 1020 19 1929  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-23-1929  
17. I HEREBY CERTIFY, That I attended deceased from Nov. 22 1929, to Nov. 23 1929, that I last saw her alive on Nov. 22 1929, and that death occurred, on the date stated above, at 3:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
apoplexy cerebral  
830 Hemorrhage  
97  
(duration) yrs. mos. ds. 1  
CONTRIBUTORY arteriosclerosis  
(SECONDARY) (duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED 7401  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) W. A. Youngs M. D.  
, 19 (Address) 12011 Market

\*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 Washington Park DATE OF BURIAL 12-7-1929  
20. UNDERTAKER Bruce S. Knott ADDRESS 1003 Harrison

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

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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