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

Do not use this space.

1585

18 1930

1. PLACE OF DEATH
County Jasper
Township
City Joplin, Mo. (No. ... St. ... Ward)
Registration District No. 411
Primary Registration District No. 2002
File No.
Registered No. 19

2. FULL NAME Mrs. Anna Malang
(a) Residence. No. St. John's Hosp. 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: fem.
4. COLOR OR RACE: wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hon. John Malang
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 15-1866
7. AGE: 63 YEARS, 3 MONTHS, 26 DAYS. If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: No work
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN): ~~Nashville~~
(STATE OR COUNTRY): James E. Ohio ~~Tennessee~~

PARENTS
10. NAME OF FATHER: George Sigman
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Matilda
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): No Record
(STATE OR COUNTRY)

14. INFORMANT: John M. Malang
(Address): 2101 Connor
15. FILED Jan. 14 1930 A. Benson Clark
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 11th 1930
17. I HEREBY CERTIFY, That I attended deceased from July 30, 1929, to Jan. 11, 1930, that I last saw h. Gr. alive on Jan. 11 1930, and that death occurred, on the date stated above, at 11 20 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetic Gangrene
Amputation of Right foot
59
1568
(duration) yrs. 2 mos. — ds.
CONTRIBUTORY (SECONDARY): Diabetes
(duration) yrs. 6 mos. — ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
2 DID AN OPERATION PRECEDE DEATH? ✓ DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. Mitchel Gregg, M. D.
1/12, 1930 (Address) Joplin 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: Mount Hope
DATE OF BURIAL: Jan. 14 1930
20. UNDERTAKER: Frank Sievers
ADDRESS: Joplin Mo

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.