

MAR 25 1930

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

Do not use this space.

4055

1. PLACE OF DEATH

County Boone
Township
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 25
St. Ward)

2. FULL NAME

Joseph William Langston
(a) Residence No. 1401 Windsor 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)

Married

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

Mr. Elizabeth Langston

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

Sept 30 - 1866

7. AGE

63

YEARS

MONTHS

4

DAYS

11

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired 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)

near Stephens Boone Co. Mo.

10. NAME OF FATHER

James F. Langston

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

Campbell Ky.

12. MAIDEN NAME OF MOTHER

Rose L. Smith

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

Greensburg Mo.

14. INFORMANT (Address)

Robert Smith 1401 Windsor

15. FILE NO.

9-11-30 Beatrix Grubbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 10 - 1930 to Feb 11 - 1930, and that I last saw him alive on Feb 11 - 1930, on the date stated above, at 3:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

asthma112(duration) yrs. mos. ds. 12 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds. 105

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. P. Dyson, M. D., 19 (Address) Columbia 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

DATE OF BURIAL

Old Cedar Cemetery Feb 12 1930

20. UNDERTAKER

ADDRESS

B. H. Baker Columbia

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.

