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

Do not use this space.

25866

AUG 26 1930

1. PLACE OF DEATH County: Boone Registration District No.: 73 File No.:
Township: Columbia Primary Registration District No.: 3006 Registered No.: 158
City: Columbia (No. ..... St. ..... Ward)

2. FULL NAME: Charlotte Lang

(a) Residence. No. 400 Walnut St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred Don't Know yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thadeus Lang.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-22-1844

7. AGE: Years 86 Months 5 Days 9 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Amherst Co.
(STATE OR COUNTRY): Virginia

PARENTS
10. NAME OF FATHER: Henry Bullard
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Don't Know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Don't Know
(STATE OR COUNTRY)

14. INFORMANT: John W. Smith
(Address)

15. FILED 8-3, 1930 Beatrice Grus
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 1 — 1930

17. I HEREBY CERTIFY, That I attended deceased from 7 — 5 —, 1930, to 8-1 —, 1930 that I last saw h. alive on 7-29 —, 1930, and that death occurred, on the date stated above, at One m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysentery
13 C
..... (duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY): None
..... (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? None
(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~~: Columbia Cemetery — DATE OF BURIAL: 8-3 1930

20. UNDERTAKER: Stuart P. Parker — ADDRESS: Columbia 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.