

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

Do not use this space.

11023

**1. PLACE OF DEATH**

86 County Pettis Registration District No. 668  
4 Township Adalia Primary Registration District No. 3032  
8 City Sedalia (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 84

**2. FULL NAME**

Nancy Langum Bennett  
(a) Residence No. 1045 E. Jefferson St. / 1 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 8 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. M. Bennett  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9, 1854  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
87 1 25  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House wife 235  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Jefferson County, Mo.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Albert Langum

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jefferson County, Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy Husky

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson County, Mo.  
(STATE OR COUNTRY)

**14. INFORMANT**

Cyril Shannon  
(Address) Sedalia, Mo.

**15. FILED**

3-4, 1931. J. Love REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/4 1931  
17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1930, to Mar 4, 1931 that I last saw h. ee alive on Mar 3, 1931, and that death occurred, on the date stated above, at 4 A m.

13  
9/18  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Secondary Pneumonia  
(duration) 1 yrs. — mos. — ds.  
CONTRIBUTORY Ch. Infl. & Nephritis  
(SECONDARY) (duration) 1? yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? Makanda Ill.  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Plural pneumonia  
(Signed) W. Frank B. Long, M. D.  
3/4, 1931 (Address) Sedalia Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Makanda Ill. DATE OF BURIAL 3/4 1931  
20. UNDERTAKER M. Langdon Bros Sedalia Mo. ADDRESS \_\_\_\_\_

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.

APR 25 1931

