

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

24666
Do not write in this space.

1. PLACE OF DEATH

County Dunklin
Township Clay
City (No. St. Ward)

Registration District No. 287
Primary Registration District No. 5805

File No. 33
Registered No. 33

2. FULL NAME

Samuel Langston

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1853-12-7

7. AGE YEARS 78 MONTHS 5 DAYS 24 If LESS than 1 day, hrs. or min. 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

13. NAME Franc Langston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Harvey Langston

18. BURIAL, CREMATION, OR REMOVAL PLACE Nonesville DATE Aug 1 1931

19. UNDERTAKER (ADDRESS) Bellevue

20. FILED T 27 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1931

22. I HEREBY CERTIFY, That attended deceased from unattended, 1931, to 1931

I last saw him alive on 1931, 1931 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Heart Exhaustion
while walking in
the woods searching
for some wood
for building of Car. Shop
Other contributory causes of importance:
1931

Date of onset

Name of operation 1931 Date of 1931

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 1931

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 1931

(Signed) A. K. Lee Cor M. D.

(Address) A. Small med

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. AUG 26 1931

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Rigdon