

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

Do not use this space.

**1. PLACE OF DEATH**

County McDonald  
Township  
City Anderson (No. \_\_\_\_\_)

Registration District No. 518  
Primary Registration District No. 4574

File No. 3180331  
Registered No. 19  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 29 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 11 8

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

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) Mo

13. NAME James A Langley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Floyd Langley (ADDRESS) Anderson Mo R 2

18. BURIAL, CREMATION, OR REMOVAL Family Cemetery near Anderson Mo DATE Sept 10 1931

19. UNDERTAKER Lowy & Adams New Co (ADDRESS) Anderson Mo

20. FILED Ref 9 1931 Andrew Mitchell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1931

22. I HEREBY CERTIFY, that I attended deceased from Sept 7 1931 to Sept 7 1931  
I last saw him/her alive on Sept 7 1931 Death is said to have occurred on the date stated above, at 6:20 pm.

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

Cerebral Hemorrhage  
Stroke  
Date of onset

Other contributory causes of importance:  
82A  
J. J. W.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_ 19\_\_\_\_  
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 \_\_\_\_\_  
(Signed) S. B. Prout M. D.  
(Address) Anderson 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.

NOV 07 1931

