

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

Do not use this space.

39897

1. PLACE OF DEATH

County Stoddard Registration District No. 840
 Township Duck Creek Primary Registration District No. 6102
 City Near Paris St. _____ Ward _____

File No. _____
 Registered No. 39

2. FULL NAME

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nellie Langford</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 12 - 1875</u>				
7. AGE	YEARS <u>55</u>	MONTHS <u>11</u>	DAYS <u>16</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Furrier</u>			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spain</u>			
	13. NAME <u>Nellie Langford</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spain</u>			
	15. MAIDEN NAME <u>Don't know</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spain</u>				
17. INFORMANT <u>Hubert Langston</u> (ADDRESS) <u>Paris Mo R 23</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Duck Creek</u> DATE <u>Nov 29 1931</u>				
19. UNDERTAKER <u>Hickman White Store and</u> (ADDRESS) <u>Paris Mo</u>				
20. FILED <u>Nov 29 1931</u> <u>E L Hope</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1931 to Nov 28 1931
 I last saw him alive on Nov 28 1931. Death is said to have occurred on the date stated above, at 11 P.M.
 The principal cause of death and related causes of importance were as follows:
abscess of left lung
Chronic Tuberculosis
 Other contributory causes of importance:
DK.

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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? yes
 If so, specify Edward Ford, M. D.
 (Signed) Bloomfield Mo.
 (Address)

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.

DEC 26 1931

WHITE PLAIN 11, WITH UNFADING INK THIS IS A PERMANENT RECORD

2/11/80
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