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

Do not use this space.

18791

File No. .....

Registered No. 628

1. PLACE OF DEATH
County Buchanan
Township .....
City St. Joseph, (No. Missouri Methodist Hospital St. ..... Ward)

Registration District No. 85
Primary Registration District No. 1001

2. FULL NAME Fang Byn Ling,
(a) Residence, No. 514 South 8th. St. 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: Male
4. COLOR OR RACE: Yellow
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Unknown,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About	70	Unk.	Unk.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician,
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) June 1919
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown, 31

FATHER
13. NAME Unknown,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

MOTHER
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT Mrs Anna B. Mansfield Pub Adm.
(ADDRESS) Court House, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aahland Cemetery DATE July 1st. 1932

19. UNDERTAKER Heaton-Belote-Bowman
(ADDRESS) 319 S. 10th. St. Funeral Home

20. FILED JUN 30 1932 John H. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1932, to June 26, 1932
I last saw h. alive on June 26, 1932. Death is said to have occurred on the date stated above, at 6:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (apoplexy)	6-25-32
Other contributory causes of importance:	
Hypertension Primary	unknown

Name of operation None Date of —
What test confirmed diagnosis? Exam. Was there an autopsy? No

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? No
If so, specify .....
(Signed) E. M. Shores, M. D.
(Address) 317 Kirkpatrick Bldg. St. Joseph 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.

JUN 21 1932

[illegible]

Abjurer Cemetery Lure & Toy [illegible]

[illegible]

[illegible]

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