

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

Do not use this space.

19716

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Taw Primary Registration District No. \_\_\_\_\_  
City St. Jo Mo (No. St. Jo Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)  
Registered No. 2526

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Wellsville Kans  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ♂ 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr W. J Langdon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 11 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>63</u>	<u>7</u>	<u>14</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) 35  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ladoga Ind  
(STATE OR COUNTRY) Ind

10. NAME OF FATHER Henry Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ladoga, Ind  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Stover

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ladoga  
(STATE OR COUNTRY) Ind

14. INFORMANT Robert S. Terry  
(Address) 201 E. 67th St. KCMO

15. FILED 6/26 32 M. M. Browe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-25 1932

17. I HEREBY CERTIFY, That I attended deceased from 6-25, 1932 to 6-25, 1932 that I last saw her alive on 6-25, 1932, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Chronic Myocarditis  
93C  
99A  
CONTRIBUTORY (SECONDARY) Septic Embolus  
(duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED (1)  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Walter Taylor M. D.  
X, 19 \_\_\_\_\_ (Address) 1408 Professional Bldg.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wellsville, Kansas DATE OF BURIAL 6/27 1932

20. UNDERTAKER Coughlin Wellsville Kans 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.

