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.

OCT 28 1932

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

Do not use this space.

29935

1. PLACE OF DEATH
74 County Nodaway — Registration District No. 625 — File No.
9 Township Polk — Primary Registration District No. 3031 — Registered No. 76
City Maryville, (No. ..... St. ..... Ward)
7

2. FULL NAME Theresa Langan

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Wm. Langan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 7th, 1849

7. AGE: YEARS 82 — MONTHS 10 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Lawrence Co., Ill. 2

FATHER
13. NAME: P. H. McManus 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

MOTHER
15. MAIDEN NAME: -- - Stufflebeam
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn. 2

17. INFORMANT (ADDRESS): Grace Langan

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Miriam Cemetery DATE: Sept 4th 1932

19. UNDERTAKER (ADDRESS): Price Furniture Co. Maryville, Mo.

20. FILED: Sept 3, 1932 Mamie E Clardy Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 3rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15th, 1932, to Sept 3rd, 1932
I last saw her alive on Sept. 3rd, 1932. Death is said to have occurred on the date stated above, at 7:20 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	5-15-32
132 A	
82 A	
91	

Other contributory causes of importance:
arterial atheroma
Parenchematous Nephritis

Name of operation — Date of
What test confirmed diagnosis? Symptoms, Lab 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, 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) C. V. Martin, M. D.
(Address) Maryville, Mo.