WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1024

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 75
City Springfield (No. Baptist Hospital St. Ward)

2. FULL NAME Letha Lang
(a) Residence, No. Crocker Mo 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Lang
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 1902
7. AGE YEARS 30 MONTHS 2 DAYS 17 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) Pulaski County Mo

FATHER
13. NAME W. A. Wade
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski County Mo

MOTHER
15. MAIDEN NAME Lawen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski County Mo

17. INFORMANT (ADDRESS) Harry Lang Crocker, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Mo DATE 1/21 1933
19. UNDERTAKER (ADDRESS) Herman Lohmeyer Springfield Mo
20. FILED 1-21 1933 Ralph W. Langston Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-19 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-18 1933, to 1-19 1933
I last saw her alive on 1-19 1933. Death is said to have occurred on the date stated above, at 5-45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	1-19-33
192 B	
148 [illegible]	

Other contributory causes of importance:

Ruptured Tubal Preg	1-17-33

Name of operation Laparotomy Date of 1-18-33
What test confirmed diagnosis? 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) Wilbur Smith, M. D.
(Address) Springfield, Mo.