

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

Do not use this space.

1933

1. PLACE OF DEATH
 74 County nodaway Registration District No. 630 File No. 2518
 Township monroe Primary Registration District No. 5832 Registered No. _____
 City skidmore (No. _____) St. _____ Ward _____

2. FULL NAME Carol Harland Langley
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27-1933
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ✓ hrs. or ✓ min.
0 2 19
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work ✓
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-16 1933
 17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1933, to Jan 16, 1933, that I last saw him alive on Jan 16, 1933, and that death occurred, on the date stated above, at 11 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
influenza - Polar Pneumonia
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) malnutrition
 (duration) _____ yrs. _____ mos. _____ da.

9. BIRTHPLACE (CITY OR TOWN) skidmore mo
 (STATE OR COUNTRY) nodaway
 10. NAME OF FATHER Roy C. Langley
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Selford
 (STATE OR COUNTRY) mo
 12. MAIDEN NAME OF MOTHER Marie Chapman
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stamberg
 (STATE OR COUNTRY) ind

18. WHERE WAS DISEASE CONTRACTED ✓
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? ✓ DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? ✓
 (Signed) H. M. Banning, M. D.
Jan 16, 1933 (Address) skidmore mo
 *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.

14. INFORMANT Roy C. Langley
 (Address) skidmore mo
 15. FILED Jan 16, 1933 H. M. Banning
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL maasonic cemetery DATE OF BURIAL Jan 17, 1933
 20. UNDERTAKER H. C. Kelly ADDRESS skidmore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE of DEATH in plain terms, so that it may be properly classified.

