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

Do not use this space.

13318

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. 1002 — Registered No.
City K.C. Mo. (No. 913½ Indep Ave St. 1650 Ward)

2. FULL NAME Stephen Langum
(a) Residence, No. 913½ Indep. Ave 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: negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23-1854

7. AGE: YEARS 78 — MONTHS 8 — 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. Laborer
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) Johnson County Kans

FATHER
13. NAME Tom Langum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans

MOTHER
15. MAIDEN NAME Millie Howard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans

17. INFORMANT (ADDRESS) Edward Langum 913½ Indep ave K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery K.C. Mo. DATE 4-12-33, 19

19. UNDERTAKER (ADDRESS) Flynn & Greenstreet K.C. Mo.

20. FILED 4-12, 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10-33, 19 1 a.m.

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1933, to April, 1933
I last saw him alive on Feb 11, 1933 Death is said to have occurred on the date stated above, at 12:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Prostata	
51C	
97 51C	

Other contributory causes of importance: Arteriosclerosis

Name of operation — Date of
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? no 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) J. W. Gilbertson, M. D.
(Address) K.C. Mo

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

MARGIN RESERVED FOR BINDING

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.

V.S. No. 2

OCT 25 1990