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.

OCT 20

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

Do not use this space.

26050

1. PLACE OF DEATH

32 County DeKalb — Registration District No. 259 — File No.

Township Camden — Primary Registration District No. 535918 — Registered No.

City Maysville (No. , St. Ward)

2. FULL NAME Mary Jane Langlands

(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: Chas E. Langland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 14 1859

7. AGE: YEARS 74 — MONTHS 4 — DAYS 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Verona Pa.

FATHER
13. NAME: Robert McDade
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

MOTHER
15. MAIDEN NAME: Mary Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

17. INFORMANT (ADDRESS): Mrs F. L. Cansfield, Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL (PLACE): Christian Cem Civil Bend 8/9 33 19

19. UNDERTAKER (ADDRESS): U. G. Pilcher, Maysville Mo

20. FILED Aug 8 1933 J. L. Phelps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933 to Aug 7, 1933. Last saw her alive on Aug 7, 1933. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Myocarditis. — Date of onset

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Other contributory causes of importance: Chronic Nephritis

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? — 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) [signature], M.D.

(Address) Maysville, Mo.