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. 29762

1. PLACE OF DEATH
County Jackson
Township Law
City Kansas City (No. 2908 Michigan St. Ward)
Registration District No. 389
Primary Registration District No. 0000
File No. E-3686
Registered No.

2. FULL NAME Kenick H Langford
(a) Residence, No. 2908 Michigan 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1848
7. AGE YEARS 85 MONTHS 1 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lawyer
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) Scotland

FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Miss Lillian Campbell 2908 Michigan
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 9/19 1933
19. UNDERTAKER (ADDRESS) F O Donnell Co 3256 Broadway
20. FILED 9/17, 1933 M. M. Crowe Asso Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 1930, to Sept 16, 1933
I last saw him alive on Sept 16, 1933 Death is said to have occurred on the date stated above, at 8 15 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolus	
82 B	
Other contributory causes of importance:	
Arterio sclerosis	97
Hypertension	102

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) Forest F Foster, M. D.
(Address) 333 Luthrop Bldg Kansas City M