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.

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

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

Do not use this space.

APR 25 1934

File No. 10554

Registered No. 2369

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4063, Connecticut St., Ward)

2. FULL NAME Belle Barbour Langley

(a) Residence, No. 4063 Connecticut St., 16 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louis D. Langley.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 31-1847

7. AGE: Years 86 Months 4 Days 6 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): Michigan

FATHER

13. NAME: James C. Barbour

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rochester N.Y.

MOTHER

15. MAIDEN NAME: Abigail Hinman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rochester N.Y.

17. INFORMANT: Carrie Barbour
(ADDRESS) 4063 Connecticut

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picketa DATE Mch 8 1934

19. UNDERTAKER: C. R. Lupton & Sons
(ADDRESS) 4449 Olive St.

20. FILED: [illegible] 1, 19[illegible] J. F. Bredeck
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1924, to Mch 6, 1934

I last saw her alive on Mch 6, 1934. Death is said to have occurred on the date stated above, at 2:10 P.m.

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

Hyp Dlsd.
Chronic Myocarditis

Date of onset

I31
93 P
95 A

Other contributory causes of importance:
Chronic Interstitial Nephritis

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) [illegible] M. D.
(Address) Immo Clinic St Louis Mo

University Club
JE-7675
11-3 hrs.