

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kansas City
City Kansas City (No. St. Marys Hospital)

Registration District No. 300Primary Registration District No. St. Marys Hospital

File No. 13021
Registered No. 1772
St. _____ Ward _____

2. FULL NAME Fred Lang

(a) Residence, No. 412 N. 7th Kansas City, Mo. Ward. Kansas City Kansas
(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bettie M. Lang</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 7-1870</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>0</u>	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Proprietor of Monument Co.</u>			
	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) <u>Aug. 1932</u>		11. Total time (years) spent in this occupation. <u>29 yrs.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>				
FATHER	13. NAME <u>John Lang</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>			
MOTHER	15. MAIDEN NAME <u>not known to informant</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>			
17. INFORMANT <u>Mrs. Bettie M. Lang</u> (ADDRESS) <u>412 N. 7th. Kansas City, Kansas</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Highland Park Cemetery</u> DATE <u>Apr. 21 34</u> <u>R. C. Kansas</u>				
19. UNDERTAKER <u>Jayweather-Werner</u> (ADDRESS) <u>Kansas City Kansas</u>				
20. FILED <u>4-20 1934</u> <u>M. M. Crowe</u> asst. Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1934
22. I HEREBY CERTIFY, That I attended deceased from 6-4 1932 to 4-19 1934
I last saw him alive on 4-19 1934 Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of
Larynx
Secondary Bronchitis
Date of case 4-19-34

Other contributory causes of importance:
Secondary Bronchitis
Name of operation Radical Laryngectomy Date of operation Mar 23 1933
What test confirmed diagnosis? Biopsy 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) Arthur N. Albright, M. D.
(Address) 1400 W. 13th

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.

