

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.

AUG 21 1934

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

Do not use this space.

24880

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City Mo (No. 1310 W 40th) St. _____ Ward _____

2. FULL NAME Mrs Emma N. Langlois
(a) Residence, No. 1310 W 40th 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-7-1850

7. AGE YEARS 83 MONTHS 10 DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

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) New York

13. NAME Henry Hayes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Mrs M L Jackson
1310 W 40th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Delafred Ave DATE 7-27, 1934

19. UNDERTAKER (ADDRESS) O. V. MAST FUNERAL HOME, Inc.
3146 Main St

20. FILED 7-27-34 M M Cerone Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1934, to July 26, 1934. I last saw the deceased alive on July 26, 1934. Death is said to have occurred on the date stated above, at 4 P. m. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 7-22-34
82
Arterio Sclerosis Two years

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical only 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? _____
If so, specify _____
(Signed) W. H. Lane, M. D.
(Address) 824 Rialto Bldg

Dr. H. H. Lane

Russett Bldg

Main 3154

Office hours

10 am to 12

2 Pm to 4 Pm