

FEB 9 1935

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

Do not use this space.

1351

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City

Registration District No. 102
Primary Registration District No. 3825 East 9th Street Ten

File No. 217
Registered No. 217
St. _____ Ward _____

2. FULL NAME

Iida May Langley Friday

(a) Residence, No. 3825 East 9th St Ten 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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1895

7. AGE YEARS 39 MONTHS 8 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Independence Missouri

13. NAME Charles Langley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Missouri

15. MAIDEN NAME Maggie Billin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Missouri

17. INFORMANT (ADDRESS) Dollie Natomayer 3825 East 9th St Ten

18. BURIAL, CREMATION OR REMOVAL PLACE Woodlawn Cnd DATE Jan. 17, 1935

19. UNDERTAKER (ADDRESS) George Gibson 101 W. Pleasant St.

20. FILED Jan 16, 1935 M. M. Cerow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1935

22. I HEREBY CERTIFY that I attended deceased from Jan 11, 1935 to Jan 15, 1935
Last saw him _____ alive on Jan 15, 1935 Death is said to have occurred on the date stated above, at 10:5 P.M.

The principal cause of death and related causes of importance were as follows:
Biliary Mononucleosis Date of onset 1/12

Other contributory causes of importance:
Ulcer Perforated ?

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? _____
If so, specify _____ (Signed) L. P. Haller _____, M. D.
(Address) Kansas City Mo

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.

WHITE-PERINELY, WITH ONFADING INK---THIS IS A PERMANENT RECORD

