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.

APR 1 2 1935

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

Do not use this space.

8149

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 10C — Registered No. 321
City St. Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME John Clarkson Langley
(a) Residence, No. Transitte Camp 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) About 1881
7. AGE — YEARS: 54 — MONTHS: Unknown — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transient
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) Charleston West Virginia

FATHER
13. NAME A. L. Langley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallipolis Ohio

MOTHER
15. MAIDEN NAME Mary M. Clarkson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston West Virginia

17. INFORMANT (ADDRESS) R. E. McCabe Charleston, West Virginia
18. BURIAL, CREMATION, OR REMOVAL
PLACE Charleston, W. V. DATE Mar. 24, 1935
19. UNDERTAKER (ADDRESS) Clark Mortuary St. Joseph, Mo.
20. FILE MAR 24 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1935
22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1934, to Mar 18, 1935
I last saw him alive on March 17, 1935 Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	1 Mo
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Other contributory causes of importance: Ac. Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? X-Rays Was there an autopsy? Yes

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) Owen W. Craig, M. D.
(Address) 303 Kirkpatrick Bldg