

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

Do not use this space.

SEP 20 1935

26290

1. PLACE OF DEATH

County Howell Registration District No. 384
 Township West Plains Primary Registration District No. 4227
 City West Plains (No. _____) St. _____ (Ward _____)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 60 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Johnson Langston
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 35.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
 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) West Plains Mo.

13. NAME Samuel Jackson Langston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains Mo.

15. MAIDEN NAME Barsha Middlehoff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains Mo.

17. INFORMANT Louise Langston
 (ADDRESS) West Plains Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cath. Cem. in Aug. 24 1935

19. UNDERTAKER Leonard W. Sullivan
 (ADDRESS) West Plains Mo.

20. FILED Aug 23 1935 Vida W SIMONS
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-22-1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1935 to Aug 22 1935
 I last saw him alive on Aug 22-1935 Death is said to have occurred on the date stated above, at 9A m.
 The principal cause of death and related causes of importance were as follows:

Coronary Atherosclerosis
(Chronic Myocarditis)
7/4/35
 Other contributory causes of importance:
Chronic Myocarditis

Name of operation None Date of _____
 What test confirmed diagnosis? Examination of heart at 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) W. H. Hogan, M. D.
 (Address) West Plains 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.

