

NOV 26 1935

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

Do not use this space.

1. PLACE OF DEATH

County Polk Co.Registration District No. 689Township PolkPrimary Registration District No. 3033City Camden (No. 100)Hospital Polk Co. Hospital

33649

File No. 14

Registered No.

St. _____ Ward)

2. FULL NAME Samuel Simpson Lang(a) Residence, No. RS Bayling Green St. Mo. Ward. Mo.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OR Hattie Lang6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 26, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>81</u>		<u>5</u>	<u>04</u>	

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

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) Morgan Co, Tex13. NAME Samuel Lang14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Co, Pa15. MAIDEN NAME Lidia Rinsengard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Somerset Co, Pa17. INFORMANT (ADDRESS) James S. Lang18. BURIAL, CREMATION, OR REMOVAL PLACE Morgan Co, Mo DATE 10/1/35 193519. UNDERTAKER (ADDRESS) Dula W. T.20. FILED 10/10 1935 J. C. Kelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10, 193522. I HEREBY CERTIFY, That I attended deceased from 10-5, 1935, to 10-10, 1935I last saw him alive on 10-10, 1935. Death is saidto have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic hepatitis1/21

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1935

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) J. C. Kelley, M. D.

(Address) _____

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.

