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.

FEB 23 1938

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

Do not use this space.

4238

File No. .....

Registered No. 6

**1. PLACE OF DEATH**

County Vernon  Registration District No. 875

Township Badger  Primary Registration District No. 6161

City ..... (No. ....., ..... St. ..... Ward)

**2. FULL NAME** Mary E. Langford

(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 ..... 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 ✓

**6. DATE OF BIRTH** (MONTH, DAY, AND YEAR) Sept. 17 1848

**7. AGE**

| Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 87 | 3 | 24 | |

**OCCUPATION**

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

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) Missouri

**FATHER**

13. NAME Robert McMillen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

**MOTHER**

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

**17. INFORMANT** (ADDRESS) Mrs. J. G. Wilson, Nevada, Mo.

**18. BURIAL, CREMATION, OR REMOVAL**
PLACE Appleton City DATE Jan. 11, 1936

**19. UNDERTAKER** (ADDRESS) Allen & Hedges, Nevada, Mo.

**20. FILED** 1-11, 1936 M. Eikinger
Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) Jan 9, 1936

**22. I HEREBY CERTIFY,** That I attended deceased from Sept 10, 1935, to Jan 9, 1936

I last saw h. alive on Dec 17, 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

| | Date of onset |
|---|---|
| Cardiac Insufficiency | |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical 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? No

If so, specify .....

(Signed) C. B. Davis, M. D.

(Address) Walker Mo.