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.

MAR 16 1936

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

Do not use this space.

1. PLACE OF DEATH
County: Butler — Registration District No.: 89 — File No.: 4794
Township: — Primary Registration District No.: 3007 — Registered No.: 59
City: Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME: Mary Jaine Langley
(a) Residence, No. 523 Poplar St Poplar Bluff Mo
(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: Enoch Langley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 5 1860

7. AGE — Years: 75 — Months: 11 — Days: 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Butler Co Mo

FATHER
13. NAME: John C. Patty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER
15. MAIDEN NAME: Mary Jane Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT: Mrs Florence McDowell
(ADDRESS) 523 Poplar St Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: city Cem. DATE: Feb 29, 1936

19. UNDERTAKER: N. T. Phelps
(ADDRESS) Poplar Bluff Mo

20. FILED: 2-29, 1936 O. C. Cutsinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/4, 1935, to 2-27, 1936
I last saw h. alive on 2/26, 1936. Death is said to have occurred on the date stated above, at 6:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	
Gangrene of Left Foot	
Senility	
Arteriosclerosis	

Other contributory causes of importance:

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? No
If so, specify
(Signed) H. P. Clay, M. D.
(Address) Poplar Bluff Mo

Dr Clay