MAR 19 1936

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

Do not use this space.

5610

1. PLACE OF DEATH

County _Henry_

Registration District No. _358_

File No. _____

Township _Shawnee_

Primary Registration District No. _5-502_

Registered No. _3_

City _Clinton_ (No. _____ St. _____ Ward)

2. FULL NAME _James A Langford_

(a) Residence, No. _Clinton mot_ St., _____ Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred _x5_ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX _Male_

4. COLOR OR RACE _White_

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Widowed_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _2-27_ 19_36_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _Catherine Langford_

22. I HEREBY CERTIFY, That I attended deceased from _1-7_ 19_36_, to _2-27_ 19_36_

I last saw h__ alive on _2-22_ 19_36_. Death is said to have occurred on the date stated above, at _4:30_ P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _9-11 1848_

7. AGE YEARS _87_ MONTHS _5_ DAYS _16_ IF LESS THAN 1 day, ...hrs. er ...min.

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

Chronic interstitial Nephritis

Date of onset _1923_

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

Enlarged Prostate

Chronic cystitis.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation _Life_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Tenn_

13. NAME _Stephen Langford_

Name of operation _____ Date of _____

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

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

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

15. MAIDEN NAME _Elizabeth Stone_

Accident, suicide, or homicide? _____ Date of injury _____ , 19___

Where did injury occur? _____
(Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) _Mrs. ____ Kimes_ _Clinton Mo_

Manner of injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE _Englewood_ DATE _2-28_ 19_36_

24. Was disease or injury in any way related to occupation of deceased? _no_

If so, specify

19. UNDERTAKER (ADDRESS) _Wellman Funeral Home_ _Clinton Mo_

(Signed) _James O Smith_ , M. D.

20. FILED _Mar 2_ 19_36_ _E. G. Hibler_ Registrar.

(Address) _Clinton Mo._