

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.

APR 17 1936

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

Do not use this space.

10129

1. PLACE OF DEATH *Greene*  
County..... Registration District No. *318*  
Township *Springfield* Primary Registration District No. *2001*  
City *Springfield* (No. *2011 N. Lyon*)  
2. FULL NAME *Rebecca K. Langston*  
(a) Residence, No. *2011 N. Lyon* 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.

File No. ....  
Registered No. *181* St. .... Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 4 - 1854*  
7. AGE YEARS *81* MONTHS *10* DAYS *27* If LESS than 1 day, .... hrs. or .... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Wife*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *In home*  
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) *Mo.*  
13. NAME *Robert Randles*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*  
15. MAIDEN NAME *Margaret Wollard*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Genoa*  
17. INFORMANT *Mrs. Ella White*  
(ADDRESS) *Springfield, Mo.*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *Green Lawn* DATE *March 2 1936*  
19. UNDERTAKER *J. W. Klingner & Co.*  
(ADDRESS) *Springfield, Mo.*  
20. FILED *3-2-* 19 *36* *Ralph W. Langston*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 1st 1936*  
22. I HEREBY CERTIFY, That I attended deceased from *Mar 18 35* to *Mar 2nd*, 19*36*.  
I last saw her alive on *3/1*, 19*36*. Death is said to have occurred on the date stated above, at *8:00 a.m.*  
The principal cause of death and related causes of importance were as follows:  
*Arterio Sclerosis*  
*Chronic Myocarditis*  
*930*  
Other contributory causes of importance:  
Name of operation *None* Date of .....  
What test confirmed diagnosis? *None* Was there an autopsy? *No*  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *No* 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?  
If so, specify ..... (Signed) *W. May J. J. J.* M. D.  
(Address) *Springfield Mo*

