AUG 24 1936

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

Do not use this space.

26715

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 3586

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 547½ Main St. St. Ward)

2. FULL NAME Ray H. Langston

(a) Residence, No. 547½ Main St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-12-1887

7. AGE: 49 YEARS ~~54~~ MONTHS 0 DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
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) Eureka Springs Arkansas

FATHER

13. NAME Baily Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dickens South Carolina

MOTHER

15. MAIDEN NAME Fannie Humphrey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo.

17. INFORMANT (ADDRESS) Miss Clara B Langston 1212 Linwood

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE July 20 1936

19. UNDERTAKER (ADDRESS) Wm Mewcomers Sons Kansas City Mo.

20. FILED July 19 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-18, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19...

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Heat Prostration 191

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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?

If so, specify

(Signed) [signature], M. D.

(Address) [signature]

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.