

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

SEP 26 1936

29774

1. PLACE OF DEATH

County Atherton

Registration District No. 19

File No. ....

Township Rockyford

Primary Registration District No. 4013

Registered No. ....

City Rockyford

(No. ....) St. .... Ward) ....

2. FULL NAME

Harmon Langder

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 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) Nov 10 1898

7. AGE YEARS 37 MONTHS 9 DAYS 8 If LESS than 1 day, .... hrs. or .... min.

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

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) Remer Germany

13. NAME John Langder

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Frank Moody Rockyford Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE buried DATE Aug 11 1936

19. UNDERTAKER (ADDRESS) W. B. Chamberlain Rockyford Mo

20. FILED Aug 29 1936 Registrar W. B. Chamberlain

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 1935 to Aug 11 1936

I last saw him alive on July 15 1936 Death is said

to have occurred on the date stated above, at 5 AM

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

Chronic Endocarditis  
mitral regurgitation  
Cardiac Decompensation  
1935

Other contributory causes of importance:

General arteriosclerosis  
Chronic nephritis

Name of operation None 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) W. B. Chamberlain, M. D.

(Address) Fairfax Mo

