

APR 19 1937

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

Do not use this space.

11726

1. PLACE OF DEATH

County *Davies*

Township

City *Jamestown*Registration District No. *252*Primary Registration District No. *41530*File No. *1*Registered No. *22*

St.

Ward)

2. FULL NAME

(a) Residence, No. *Margaret Emma Langford*

(Usual place of abode)

St.

Ward.

(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

F

4. COLOR OR RACE

W.

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

(OR) WIFE OF

Clay Langford

6. DATE OF BIRTH (MONTH, DAY (AND YEAR)

Nov. 24-1857

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*79**3**11*

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

House

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

Wife

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

Henry Kelly

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

Unknown

15. MAIDEN NAME

Margaret Ann Sisson

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

Unknown

17. INFORMANT (ADDRESS)

*Clay Langford
Jamestown Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Masonic Cem.

DATE

*Mar. 7**1937*

19. UNDERTAKER (ADDRESS)

*G. S. Raberson
Jamestown Mo*

20. FILED

*3-13**1937**Nelle Wiles*

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3-5-1937

22. I HEREBY CERTIFY, That I attended deceased from

Mar 1-1937, to Mar 5 1937

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at *6:30* m.

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

*Uremia -*Date of onset
Feb 28
1937

Other contributory causes of importance:

*Acute Hemolytic Nephritis**N.M.O.*

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?.....

If so, specify.....

(Signed).....

(Address).....

F. B. Bailey, D.O., M.D.
Jamestown Mo

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.

