

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

Do not use this space.

JUN 29 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 801 File No. 21459
 Township East Bond Primary Registration District No. 6044 Registered No. 24
 City _____ No. _____ St. 2 Ward _____

2. FULL NAME Carl Langerwisch
 (a) 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 62 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 widower
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Sophia Langerwisch
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1855
 7. AGE YEARS 82 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Data deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 13. NAME Carl Langerwisch
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Charlette Feitler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Henry Langerwisch
 (ADDRESS) Street Spring Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Prussien DATE May 16, 1937
 19. UNDERTAKER H. C. Payton
 (ADDRESS) Street Spring Mo
 20. FILED May 15, 1937 Rosa C. N. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1937
 22. I HEREBY CERTIFY, That I attended deceased from May 2nd 1937 to May 13th 1937
 I last saw him alive on May 12 1937 Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
 Other contributory causes of importance: 97
 Date of onset 15 yrs ago
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) J. J. Graund, M. D.
 (Address) Emuna, 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.

