

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

Do not use this space.

JUL 27 1937

1. PLACE OF DEATH
 29 County COOPER Registration District No. 219 File No. 23545
 Township BUNCETON Primary Registration District No. 5299 Registered No. _____
 City _____ (No. 6) St. _____ Ward _____

2. FULL NAME THEODORE FERDINAND LANGKOP
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 9 - 1881

7. AGE YEARS 55 MONTHS 9 DAYS 29 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. FARM

10. Date deceased last worked at this occupation (month and year) MAY 1 1937 11. Total time (years) spent in this occupation 18 yr

12. BIRTHPLACE (CITY OR TOWN) COOPER COUNTY MO. (STATE OR COUNTRY)

13. NAME HENRY LANGKOP

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

15. MAIDEN NAME PHILIPINA KOPP

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

17. INFORMANT MRS ANNA LANGKOP (ADDRESS) BUNCETON MO

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE BOONVILLE DATE MAY 11 1937

19. UNDERTAKER STEGNER-KOENIG (ADDRESS) BOONVILLE MO

20. FILED 6-25-37 Miss Whitaker Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1937

22. I HEREBY CERTIFY, That I attended deceased from not attended, 1937, to —, 19—.
 I saw h. — alive on not seen alive, 19—. Death is said to have occurred on the date stated above, at 12:45 m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis about 1936

Other contributory causes of importance: None

Name of operation — Date of —
 What test confirmed diagnosis? clinical 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) J. C. Fincher, M. D.
 (Address) Boonville mo.
Coroner of Cooper County

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Northville Tax
Bureau
Bureau Print

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cooper Registration District No. 219 File No. 23545-
Township Kelley Primary Registration District No. 5299 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Theodore Ferdinando Langkap

(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 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 - 1881

7. AGE YEARS 55 MONTHS 9 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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. Farm
10. Date deceased last worked at this occupation (month and year) May 1937 11. Total time (years) spent in this occupation 18 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper, Kentucky

FATHER 13. NAME Henry Langkap

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

MOTHER 15. MAIDEN NAME Philipina Koff

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

17. INFORMANT (ADDRESS) Mrs. Anna Langkap

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE May 11, 1937

19. UNDERTAKER (ADDRESS) Stegner - Koenig

20. FILED 6-25-1937 Ann Whitaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from not attended to _____, 19____, alive not seen alive _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

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

Coronary Thrombosis Date of onset _____

Other contributory causes of importance: _____

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. C. Trubner M. D.

(Address) Boonville, Mo.

TEMPORARILY AVAILABLE

S-23545