

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.

AUG 27 1937

1. PLACE OF DEATH

County Waguer
Township Jefferson
City Jefferson (No.)

Registration District No. 1 643
Primary Registration District No. 5852

File No. 27978
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. Henry C Lange 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69 3 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Wagoner Mo

FATHER 13. NAME Charles Lange

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

MOTHER 15. MAIDEN NAME Minnie von Behrens

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

17. INFORMANT (ADDRESS) Mrs. Lydia Clements

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue Hosp DATE July 19, 1937

19. UNDERTAKER (ADDRESS) J. H. Liddick

20. FILED Aug 10 1937 J. J. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from June 12, 1937, to July 8, 1937

I last saw h. alive on , 1937. Death is said to have occurred on the date stated above, at 4:10 a. m.

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

Chronic nephritis
Secondary anemia
Date of onset 12-17-36

Other contributory causes of importance:

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? No Date of injury , 1937

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. R. Kerrell, M. D.
(Address) Bellevue Mo.

