

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH,

Registration District No. 30
Primary Registration District No. 1301
(No. 2308 SOUTH TENTH STREET, St. Ward)

File No. 30197
Registered No. 924

2. FULL NAME HATTIE MELVINA LANGSTON

(a) Residence, No. 2308 SOUTH 10TH ST. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 74 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOW OF ABE LANGSTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 18, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 5 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME
10. Date deceased last worked at this occupation (month and year) II. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) BARRABO,
(STATE OR COUNTRY) WISCONSIN

13. NAME JOHN WEIDMAN

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

15. MAIDEN NAME EMILY BRUCE

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

17. INFORMANT ROY LANGSTON
(ADDRESS) 2308 So. 10TH ST. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE AUGUST 24, 1937

19. UNDERTAKER FLEEMAN & SON, INC.
(ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED Aug 25, 1937 N. J. Stebbins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 23, 193722. I HEREBY CERTIFY That I attended deceased from Aug 14 to Aug 21 1937

I last saw her alive on Aug 23, 1937 Death is said to have occurred on the date stated above, at 5:50 P. M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 8/14/37
Other contributory causes of importance:
arterio scl. gen.
hypertension
obesity
Name of operation None Date of 70
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1937

Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None

(Signed) Franklin H. Deagan, M. D.
(Address) Kennelwood Bldg.

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.

