

NOV 22 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County GrundyRegistration District No. 327Township GaltPrimary Registration District No. 4194City Galt (No. ....)

St. .... Ward)

File No. 37742Registered No. 132. FULL NAME Mrs Nancy J. Lang

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow.5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 18587. AGE YEARS 79 MONTHS 2 DAYS 3 If LESS than 1 day, .... hrs. or .... min.8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Housekeeper9. 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) Galt, Mo.13. NAME Mrs Sanders14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Rebecca Pyle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Mrs. O A Snapp (ADDRESS) Galt Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Galt cemetery DATE Oct 11 193719. UNDERTAKER R K Payne & Son (ADDRESS) Galt Mo20. FILED 10-11 1937 H C Weston Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 193722. I HEREBY CERTIFY, That I attended deceased from Mar 1928, to Oct 9 1937I last saw him alive on Oct 3 1937 Death is saidto have occurred on the date stated above, at 3 P. m.

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

J. B. Lang

Date of case:

Other contributory causes of importance: 33

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) H. E. Bowers, M. D.(Address) Galt 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.

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