

NOV 18 1937

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

Do not use this space.

37838

1. PLACE OF DEATH

County Jackson
Township Osage
City Independence (No. 115 East Walnut)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 334 (Ward)

2. FULL NAME

Sigalton D Langley
(a) Residence, No. 115 East Walnut St., Ward.

(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 Lela Langley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27-1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>67</u>	<u>10</u>	<u>11</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Ind. Mo.

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) Fulton Missouri

13. NAME Samford Langley

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

15. MAIDEN NAME Virginia Haddleton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Virginia

17. INFORMANT Mrs Virginia Hatcher (ADDRESS) 418 W. 36th St. E. Ind. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wt. Washington Burial Oct 11-1937

19. UNDERTAKER Geo G. Carson (ADDRESS) Independence, Mo.

20. FILED 10-13-1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dr. Cronin, 19.....
I last saw him alive on..... 19..... Death is said to have occurred on the date stated above, at 2:20 P.M.
The principal cause of death and related causes of importance were as follows:

Cronin Occlusion
Cronin Occlusion
Other contributory causes of importance: 9412

Name of operation none Date of.....
What test confirmed diagnosis? Autp. Was there an autopsy? Y

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. Cronin, M. D.
(Address) Indy Ind.

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.

