

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

Do not use this space.

1723

1. PLACE OF DEATH

County Jackson
Township Ycan
City Kansas City (No. 22 Gen. Hosp.)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 411
St. _____ Ward _____

2. FULL NAME

Frances Lang 520
(a) Residence, No. 4240 E. 58th St. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 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 F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ 1867

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-6-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 3 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Mass

FATHER
13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER
15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Record Clerk, K.C. Gen Hosp
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Park DATE 1-26-38

19. UNDERTAKER Zwink and Tobin Co
(ADDRESS) Kansas City, Mo.

20. FILED Jan 25, 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-17, 1937 to 1-23, 1938

I last saw him alive on 1-23, 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Diabetes Mellitus; Date of onset _____
Gas gangrene of leg
59

Other contributory causes of importance:

Pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) P. F. De Marco M. D.
(Address) 5172 C Gen Hosp

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.

RECEIVED

FEB 10 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH.