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.

2/1

1. PLACE OF DEATH
County Monroe — Registration District No. 582 — File No. 3501
Township — Primary Registration District No. 4344 — Registered No. 4
City Paris (No. ..., ... St. ..... Ward)

2. FULL NAME JULIA LANGSTIN 523
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 71 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: negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Langstin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1867
7. AGE: YEARS 71 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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): Paris, Mo. 0 9
FATHER
13. NAME: Eli Thompson 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. K.
MOTHER
15. MAIDEN NAME: N. K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. K.
17. INFORMANT (ADDRESS): George Donaldson Paris Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Walnut Grove DATE: 1-22 1938
19. UNDERTAKER (ADDRESS): SPEED & BLAKEY PARIS, MO
20. FILED: 1-21 1938 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN. 21 1938.
22. I HEREBY CERTIFY, That I attended deceased from Jan 20th 1938, to Jan. 21st 1938
I last saw her alive on Jan. 21st 1938. Death is said to have occurred on the date stated above, at 7:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar —	N.K.
Pneumonia — R-L. lung	
100	

Other contributory causes of importance: Cardiac failure

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms Was there an autopsy? No

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? No
If so, specify .....
(Signed) Nellis G. Christman 3 M.D.
(Address) PARIS, MO.

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FEB 28 1938
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MO. STATE BOARD OF HEALTH