

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

Do not use this space.

1. PLACE OF DEATH

97 County Saline
Township Marshall
City Marshall (No.)

Registration District No. 796
Primary Registration District No. 6039

File No. 4263
Registered No. 11
St. Ward

2. FULL NAME Norbert Langan 525

(a) Residence, No. St. Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 3 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
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) Marshall Mo

FATHER 13. NAME Verner Langan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

MOTHER 15. MAIDEN NAME Rita Birch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Mo

17. INFORMANT (ADDRESS) Mrs. Verner Langan Marshall, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem DATE Jan 25 1938

19. UNDERTAKER (ADDRESS) Shoaf & Co Marshall, Mo

20. FILED 1-24-38 Mary Kent Registrar 712

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1938

22. I HEREBY CERTIFY, That I attended deceased from held inquest 1938 to Jan 23 1938
I last saw h. alive on 1938 Death is said to have occurred on the date stated above, at 11-09 a.m. Jan 23, 1938
The principal cause of death and related causes of importance were as follows:

Skull fractured by impact of an automobile driven at a high rate of speed into the rear end of a moving truck. Avoidable accident.

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-22-38
Where did injury occur? Highway, Saline Co, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Collision of two autos
Nature of injury skull fracture

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) B. C. Bradshaw M. D.
(Address) Arrow Rock, 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.

RECEIVED

FEB 28 1939

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE