REC'D APR 20 1938

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

Do not use this space.

1. PLACE OF DEATH
57 County Lincoln
Township Burr Oak
Registration District No. 486
Primary Registration District No. 5650
File No. 11333
Registered No. 9
City ..... (No. ..... St. ..... Ward)

2. FULL NAME John Langford 521
(a) Residence, No. Mid 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: 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: Ada Langford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15 1860
7. AGE: YEARS 77 MONTHS 9 DAYS 23 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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): New Hope Mo
FATHER
13. NAME: Joshua K Langford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky
MOTHER
15. MAIDEN NAME: Emile E. Palmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo
17. INFORMANT (ADDRESS): Forrest Langford Hannibal Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Correnth Cem DATE March 10 1938
19. UNDERTAKER (ADDRESS): W. D. Bradley Elsinore Mo
20. FILED 4-10 1938 C. E. Powell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 8 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1938, to March 8, 1938
I last saw him alive on March 8, 1938 Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Prostate resulting into general carcinomatosis. Date of onset
Other contributory causes of importance: old age 51
Name of operation Physical examination 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? No
If so, specify
(Signed) J. J. Allevato, M. D.
(Address) Winfield, 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.