

REC'D MAY 13 1938

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

Do not use this space.

PLACE OF DEATH

County Hickory  
Township Jardent  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2  
1Registration District No. 3-6-1055  
627Primary Registration District No. 55-06

14763

File No. \_\_\_\_\_

Registered No. 12. FULL NAME Armanda Viola Langland 524(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 F. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. C. Langland6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 - 18717. AGE YEARS 66 MONTHS 4 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. 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) 1936 11. Total time (years) spent in this occupation all12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 013. NAME George W. Hackett 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 115. MAIDEN NAME Larry Hard.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT Tula Garrison  
(ADDRESS) Cross Timbers18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Camp DATE Mar. 6 193819. UNDERTAKER John Varnell  
(ADDRESS) Cross Timbers20. FILED Mar 5 - 1938 B. O. Prescott  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1938, to Mar. 4 1938I last saw her alive on Mar 1 1938 Death is saidto have occurred on the date stated above, at 4 P. m.

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

Angina Pectoris Date of onset 1936Other contributory causes of importance: 140  
no history

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_ 1938

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? h.c.

If so, specify \_\_\_\_\_

(Signed) J. M. Edwards \_\_\_\_\_ M. D.(Address) Cross Timbers Mo

and state  
ortant.

ed. AGE should be stated EXACTLY. PHYSICIAN  
properly classified. Exact statement of OCCUPATION if



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

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1. PLACE OF DEATH  
(a) County Hickory Registration District No. 1053  
(b) Township Jordan Primary Registration District No. 6291 Registered No. 1  
(c) City..... (d) Street No..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME Armanda Viola England  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
66 4 25

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) mo Kansas

FATHER  
13. NAME Geo. W. Hackett  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Luna Reed  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Lula Garrison Cross Timbers

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cem DATE Mar 6 1938

19. FUNERAL DIRECTOR (ADDRESS) John Verrell Cross Timbers

20. FILED Mar 5 1938 Frank J. Fickman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 1938

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Date of onset

Other contributory causes of importance:  
No History

Name of operation..... 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?.....  
If so, specify.....  
(Signed) J. M. Edwards, M. D.  
(Address) Cross Timbers

NOT RECEIVE A FEE CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. F.B.—Every item of this card is classified. Exact statement of OCCUPATION is very important.

