Dr. Hill

REC'D JUN 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No. 18065

Township — Primary Registration District No. 3014 — Registered No. 147

City Jefferson (No. 1012, Monroe St. 5 Ward)

2. FULL NAME Mrs. Dora W. Langhans 525

(a) Residence, No. 1012 Monroe St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 38 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George F. Langhans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-6-1862

7. AGE: YEARS 76 — MONTHS — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Germany 6

FATHER

13. NAME: John E. Hedler 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER

15. MAIDEN NAME: Elizabeth Neiderhoefer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Otto Wm. Langhans, Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE River View Cem DATE May-15-1938

19. UNDERTAKER (ADDRESS): Thos. J. Gordon, Jefferson City MO

20. FILED 5/13/1938 S. A. Beaufort M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1938, to May 11, 1938

I last saw her ~~alive~~ dead on May 11, 1938. Death is said to have occurred on the date stated above, at 11 P.m.

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

	Date of onset
Cerebral Haemorrhage,	
Other contributory causes of importance: High Blood Pressure,	1930

Name of operation — Date of

What test confirmed diagnosis? Clinical — 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) Jas A. Hill, M. D.

(Address) Jefferson City MO

Property classified. Exact statement of OCCUPATION is very important.