

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.

REC'D MAR 17 1939

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

Do not use this space.

1. PLACE OF DEATH

County Holt Registration District No. 372
Township Liberty Primary Registration District No. 5569
City 5th Janna Lee Lang (No. _____) St. _____ Ward _____

File No. 6674
Registered No. 989

2. FULL NAME

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 1939

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

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

FATHER
13. NAME Hannover Lang

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co.

MOTHER
15. MAIDEN NAME Virginia Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calo.

17. INFORMANT (ADDRESS) Miss John C. Lang

18. BURIAL, CREMATION, OR REMOVAL PLACE Sharp Cemetery DATE 2-28-39

19. UNDERTAKER (ADDRESS) W. C. Crawford

20. FILED Feb 28, 1939 Registrar J. Chaney

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1939 to Feb 27 1939
I last saw him alive on Feb 27 1939 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:
Compensated failure
Parasitic disease

Other contributory causes of importance:
157 C

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? _____ 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) Dr. Harry J. ... M. D.
33.3 (Address) Missouri City Mo

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District No. 11,

District File Number 29-112

Date Filed MAR 10 1939