

REC'D APR 10 1939

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

Do not use this space.

10883

1. PLACE OF DEATH

39 County Greene  
Township Republic  
City Republic (No. 523)

Registration District No. 317  
Primary Registration District No. 5436

File No. ....  
Registered No. ....  
Ward. ....

2. FULL NAME Willis Jackson Langston

(a) Residence, No. .... 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 8. 1859</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>2</u>
	DAYS <u>23</u>	If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	
	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) <u>1919</u>	
	11. Total time (years) spent in this occupation <u>40</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greene Co. Mo.</u>		
FATHER	13. NAME <u>Joseph W. Langston</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Logan Co. Ky.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Cargile</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT <u>R. R. Langston</u> (ADDRESS) <u>Republic Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nazewood C.</u> DATE <u>Apr 1 1939</u>		
19. UNDERTAKER <u>R. E. Thurman</u> (ADDRESS) <u>Republic Mo</u>		
20. FILED <u>Apr 1 1939</u> <u>Mrs Bertha Nance</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1939

22. I HEREBY CERTIFY, That I attended deceased from January 2 1939 to March 30 1939.  
I last saw him alive on March 30 1939. Death is said to have occurred on the date stated above, at 10:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Maternal Poisoning  
Date of onset: 127

Other contributory causes of importance:  
Hypertrophied prostate and  
Cystitis

Name of operation none Date of .....  
What test confirmed diagnosis? Specimen Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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.  
Dead at his Home

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) E. L. Beal M. D.  
(Address) Republic Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

