

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

**19667**  
 Do not use this space.

REC'D JUN 14 1939

**1. PLACE OF DEATH**

(a) County St. Francois Registration District No. 773  
 (b) Township St. Francois Primary Registration District No. 6018A Registered No. 86  
 (c) City Farmington (d) Street No. State Hospital No. 4 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** Virginia Catherine Lang

(a) Residence, No. Farmington, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-28-1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
29 9 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 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) Farmington 0  
 (STATE OR COUNTRY) Missouri 0

13. NAME R. S. Lang 0  
 14. BIRTHPLACE (CITY OR TOWN) Farmington 0  
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sarah Waters  
 16. BIRTHPLACE (CITY OR TOWN) New Madrid  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Records of State Hospital No. 4  
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL Calvary  
 PLACE Farmington, Mo. DATE 5-12-1939

19. FUNERAL DIRECTOR (NAME) C. H. Cozean  
 (ADDRESS) Farmington, Mo.

20. FILED May 10, 1939 B. J. Robinson  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1939, to May 10, 1939  
 I last saw her alive on May 10, 1939. Death is said to have occurred on the date stated above, at 10:00 Am.  
 The principal cause of death and related causes of importance were as follows:

Acute Heart Failure  
Secondary to  
metrazol Convulsion

Date of onset

Other contributory causes of importance:

Name of operation None 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  
 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 None  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify  
 (Signed) R. F. Fuhlman, M. D.

(Address) Farmington, Mo.  
Book No 4

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.

280a

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 4084

P. O. Address Farmington

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**



