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

74 ~~1937~~ OCT 16 1939

1. PLACE OF DEATH

County *St. Francois* Registration District No. *274*
Township *1* Primary Registration District No. *4465*
City *Flat River Mo* (No. *520*) St. _____ Ward _____

File No. *33403*
Registered No. *896*

2. FULL NAME

Edward Robert Langley
(a) Residence, No. _____ St. _____ 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Merry Langley*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 20 1873*
7. AGE YEARS *66* MONTHS *9* DAYS *20* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Mining*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *St. Joseph Lead*
10. Date deceased last worked at this occupation (month and year) *10-2-39* 11. Total time (years) spent in this occupation *46*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iron Co.*

FATHER 13. NAME *James Langley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Madison Co.*

MOTHER 15. MAIDEN NAME *Elizabeth Babb*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cefus*

17. INFORMANT *Lillie Harris* (ADDRESS) *6 Elm St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Woodlawn* DATE *Oct 4* 1939

19. UNDERTAKER *Sparkett Hume* (ADDRESS) *6 Elm St*

20. FILED *10-5* 1939 *6 B. Hume* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-2* 1939

22. I HEREBY CERTIFY, That I attended deceased from *Feb* 1939, to *10-2* 1939
I last saw him alive on *10-1* 1939. Death is said to have occurred on the date stated above, at *2:4* m.
The principal cause of death and related causes of importance were as follows:

broncho pneumonia

Date of onset *9-18-39*

Other contributory causes of importance:
Pulm. DR
Arteriosclerosis
Hypertension

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) *H. H. Hume* _____, M. D.
(Address) *6 Elm St*

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.

Lot 23 B⁴

7/5 Hudon.