

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 400
 Township Paul Primary Registration District No. 3553/B
 City Lee Summit (No. 531) St. Lee Summit Ward 1

File No. 43579
 Registered No. 210

2. FULL NAME

Guy Langsford
 (a) Residence, No. 31A - 5 9th ave. St. Lee Summit Ward 1
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 1867

7. AGE YEARS 70 MONTHS 1 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
 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) 1894
 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nelson Co. Ky

13. NAME N. B. Langsford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Fannie Ray Langsford

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

17. INFORMANT (ADDRESS) Margaret Langsford Lee Summit Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lee Summit DATE May 5 1939

19. UNDERTAKER (ADDRESS) N. B. Langsford Funeral Home Lee Summit Mo.

20. FILED 11/4 1939 Sqa. S. Barnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1939

22. I HEREBY CERTIFY That I attended deceased from Jan. 10 1939 to Nov. 3 1939
 Last saw him alive on Nov. 3 1939. Death is said to have occurred on the date stated above, at 4:00 PM.
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset 11-3-39
Arteriosclerosis 1937

Other contributory causes of importance: 9410

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) Clint A. Miller M. D.
 (Address) Lee Summit Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

