

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

Do not use this space.

22286 72

FILED JUL 7 1941

1. PLACE OF DEATH

County *New Madrid*
 Townshp *Postage*
 City *Rocky Hill* (No. *1*)

Registration District No. *607*
 Primary Registration District No. *3806*

File No. *0*
 Registered No. *31* (Ward) *0*

2. FULL NAME *Frances Lang*

(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 *Female* 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 *J. K. Lang*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 11, 1880*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 7 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

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) *Wayne, Mo.*

13. NAME *Milton Laurus*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Westville, Mo.*

15. MAIDEN NAME *Rachel Bessie*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo. 9*

17. INFORMANT (ADDRESS) *H. Laurus, Station # R1, Clarksville, Mo.*

18. BURIAL, CREMATION OR REMOVAL PLACE DATE *Clarksville, Mo. June 11, 1941*

19. UNDERTAKER (ADDRESS) *W. H. Rector, Clarksville, Mo.*

20. FILED *6-28-* 1941 *Mary W. Cook* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 10, 1941*

22. I HEREBY CERTIFY, that I attended deceased from *June 9, 1941* to *June 10, 1941*
 I last saw her alive on *June 9, 1941* Death is said to have occurred on the date stated above, at *5:33 p.m.*
 The principal cause of death and related causes of importance were as follows:

Abscess of Rt Lung Date of onset *1941*

Other contributory causes of importance:
Secondary Anemia ?
Malnutrition ?

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
 If so, specify _____ (Signed) *John H. Kilian*, M. D.

(Address) *Clarksville, Mo.*

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.

Dupity -

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RECEIVED

District Health Officer No. 2,

District File Number 741-83

Date Filed 7/3/41

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22286
Registrar's No. 31

Registration District No. 607 Primary Registration District No. 5806

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town _____
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Francis Long
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased Oct. 11 1880
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6-28-1941 (b) Mary W. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Portageville R.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Abscess of Rt Lung Duration Apr 1941

Due to Probably Tuberculosis?

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Secondary anemia, malnutrition

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTAL

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

