

REC'D JUN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Harrison Registration District No. 347 File No. 18365
Township White Oak Primary Registration District No. 5495 Registered No. _____
City Urish (No. _____) St. _____ Ward _____

2. FULL NAME

William Perry Langford, Sr 5:1
(a) Residence, No. Urish Mo St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth: 83 yrs. / mos. 26 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) Mary Frances Langford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 / 1 / 26

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain & Feed mill

10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

13. NAME Steven Marion Langford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsco, U.S.

15. MAIDEN NAME Elizabeth Sophia Slover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, U.S.

17. INFORMANT (ADDRESS) Perry Langford, Jr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Urish Cemetery DATE May 22, 1938

19. UNDERTAKER (ADDRESS) Graham & Son, Urish Mo

20. FILED 5/24 1938 BY J. R. Houston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1938

22. I HEREBY CERTIFY, That I did not attended deceased from _____, 19____, to _____, 19____.

last saw him alive on May 20, 1938 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum (date of onset 1-yr)

Other contributory causes of importance: Hemorrhoids & Fistula 2 yrs

Name of operation _____ Date of _____

What test confirmed diagnosis? Obituary 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) J. G. McDonald, M. D.

(Address) Urish 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.

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