

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

Do not use this space.

24416

1. PLACE OF DEATH

County Mooney Registration District No. 347 File No. _____
 Township White Oak Primary Registration District No. 5495 Registered No. 94
 City Urich (No. _____) St. _____ Ward _____

2. FULL NAME

Martha Lange
 (a) Residence No. Urich Mo St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U.S., if of foreign birth? 61 yrs. 8 mos. 24 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 Henry C. Lange

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 3rd 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 | 8 | 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic
 (b) General nature of industry, business, or establishment in which employed (or employer) Gen. Housekeeping
 (c) Name of employer Herself

9. BIRTHPLACE (CITY OR TOWN) Coschovia
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER William Oehlshlager

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna Blauke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Germany

14. INFORMANT Henry C. Lange
 (Address) Urich Mo.

15. FILED July 31 1929 Dr. E. C. Peeler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27th 1929

17. I HEREBY CERTIFY, That I attended deceased from May 15th 1929, to July 26th 1929, and that I last saw h. alive on July 26th 1929, and that death occurred, on the date stated above, at 8:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Corbina Dilatation

2515 (duration) yrs. 12 mos. da.

CONTRIBUTORY (SECONDARY) MC (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical
 (Signed) J. J. McDonald, M. D.
 , 19 (Address) Urich Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Urich Mo
 DATE OF BURIAL 7-29 1929

20. UNDERTAKER H. R. Smith ADDRESS Urich 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.

1929
42
8
3

44

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