

OCT 18 1935

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

Do not use this space.

28928

## 1. PLACE OF DEATH

County Cape Co.Registration District No. 120

Township

Primary Registration District No. 3099City Cape Girardeau S.E. Mo. Hospital

File No.

Registered No. 278

St. Ward)

## 2. FULL NAME

(a) Residence, No. Mrs. Louella Jeanette Lang, Cath. St. Glen Allen Mo. 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. 2 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

Mr. Everett Cath.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 3, 1912

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

2323020

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) Madison Co. (STATE OR COUNTRY)

13. NAME

Henry C. Lang14. BIRTHPLACE (CITY OR TOWN) Perryville Mo. (STATE OR COUNTRY)15. MAIDEN NAME Julia A. Stige16. BIRTHPLACE (CITY OR TOWN) Madison (STATE OR COUNTRY)17. INFORMANT (ADDRESS) Mrs. Julia S. Lang

18. BURIAL, CREMATION, OR REMOVAL

PLACE Glen Allen Mo. DATE Sept 25 193519. UNDERTAKER (ADDRESS) Baker Ch. Mortuaries20. FILED 9/23, 1935Registrar J. M. Thompson

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/23, 193522. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1935, to Sept 23, 1935I last saw her alive on Sept 23, 1935. Death is saidto have occurred on the date stated above, at 4 A. m.

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

Pulvis myelotici

Date of onset

Sept 15-35

Other contributory causes of importance

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? No

If so, specify

(Signed) Wm H. C. Cerecort, M. D.(Address) Cape Girardeau 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.

