

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

PLACE OF DEATH

County Reagan
Township Calfax
or
Village
or
City (NO. _____ St. _____ Ward _____)

Registration District No. 260

File No. 27459

Primary Registration District No. 5362

Registered No. 17

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Isaac Long

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED OR DIVORCED married
(If wife the word)

DATE OF BIRTH July Seven 1886
(Month) (Day) (Year)

AGE Sixtyfive yrs. 4 mos. 4 ds. If LESS than 1 day, hrs. or min.?

OCCUPATION

(a) Trade, profession, or particular kind of work Employer
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer 1-02

BIRTHPLACE

(City or town, State or foreign country) Wenmille Pa

PARENTS NAME OF FATHER

Jacob S Long

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Lancaster Pa

MAIDEN NAME OF MOTHER

Mary A. Bigler

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Wenmille Pa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Barbara A Long

(ADDRESS) Osborn Mo.

Filed _____ 191 _____

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

November 7 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 4, 1911, to Nov. 7, 1911, that I last saw him alive on Nov. 7, 1911, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Uremia poisoning
820
1320 (Duration) 6 yrs. 6 mos. 17 ds.

Contributory Hemiplegia
(Secondary) (Duration) 1 yr. 1 mos. 17 ds.

(Signed) W. J. Clark M. D.
Nov 7 1911 (Address) Wenmille Pa

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

W. J. Clark Nov. 8 1911

UNDERTAKER

ADDRESS

Ridgewell Co Cashum 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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

County DeKalb
Colfax
Township
or
Village
or
City

Registration District No. 260 File No. _____
Primary Registration District No. 5362 Registered No. 19
(NO. _____ St. _____ Ward _____)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Isaac Long

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)
DATE OF BIRTH <u>July 7, 1846</u> (Month) (Day) (Year)		
AGE <u>65</u> yrs. <u>4</u> mos. <u>4</u> ds. if LESS than 1 day, hrs. or min.		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Employer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farm</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Nov 7, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 4, 1911, to Nov 7, 1911, that I last saw him alive on Nov 7, 1911, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:
Wrennie poisoning

BIRTHPLACE (City or town, State or foreign country)
Newville Pa

PARENTS

NAME OF FATHER <u>Jacob B Long</u>	(Duration) yrs. mos. ds.
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Leicester Co. Pa</u>	Contributory <u>7</u> <u>Empylegic</u> (SECONDARY)
MAIDEN NAME OF MOTHER <u>Mary A Seigle</u>	(Duration) yrs. mos. ds.
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Campbidge Co. Pa.</u>	(Signed) <u>W. J. Clark</u> M. D. <u>Nov 7 1911</u> (Address) <u>Maysville Mo</u>

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted If not at place of death?
Former or usual residence.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Beverly Long
(ADDRESS) Osborn Mo.
Filed Nov. 10, 1911 W.S. Hale
REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>Redgville Mo</u>	DATE OF BURIAL <u>Nov 8, 1911</u>
UNDERTAKER <u>P. J. Schurtz</u>	ADDRESS <u>Osborn Mo</u>

Original file, date 11/11, 1911

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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