

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

PLACE OF DEATH  
County Cole

Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Jefferson City (NO. Prison Hospital, (St. B, Ward \_\_\_\_\_)

Registration District No. 213

File No. 16055

Primary Registration District No. 3014

Registered No. 98

FULL NAME David Long #9121

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

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>Don't Know</u> 859 (Month) (Day) (Year)		
AGE <u>54</u> yrs. ____ mos. ____ ds.		IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>3-07</u>		

BIRTHPLACE  
(City or town, State or foreign country) Don't Know

PARENTS	NAME OF FATHER <u>Don't Know</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't Know</u>
	MAIDEN NAME OF MOTHER <u>Don't Know</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't Know</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Kempael  
(ADDRESS) Jefferson City, Mo.  
Filed May 31 1913. J.P. Poth, M.D.  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 1913.  
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from May 11 1913, to May 29 1913, that I last saw him alive on May 29 1913, and that death occurred, on the date stated above, at 4:25 p.m.

The CAUSE OF DEATH\* was as follows:  
Lobar Pneumonia

10"  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. 18 ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) A.H. Myerdyck M. D.  
(Address) Prison

\*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 5 yrs. 11 mos. 14 ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
Where was disease contracted if not at place of death?  
Farmer or usual residence Penistock Co.

PLACE OF BURIAL OR REMOVAL Cole DATE OF BURIAL 31 1913

UNDERTAKER Geo. F. Herrick ADDRESS Cert. Co.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

