

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

Do not use this space.

8234

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 100
 City Lawrence City (No. 3223) Peery

File No. _____
 Registered No. 1088
 St. _____ Ward _____

2. FULL NAME

Mrs. Belle Long
 (a) Residence. No. 3223 Peery St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. J. Long

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8, 1861

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>0</u>	<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ind.

PARENTS

10. NAME OF FATHER L. H. Hill

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

12. MAIDEN NAME OF MOTHER A. Lyon

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

14.

INFORMANT L. J. Long
 (Address) 3223 Peery

15.

FILED 3/15, 1927 M. M. Bruce
 Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 1927

17. I HEREBY CERTIFY, That I attended deceased from 11/31 1927, to 3/14 1927 that I last saw her alive on 3/14 1927, and that death occurred, on the date stated above, at 3:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of skin
46 B.
44 B.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2/12/07

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Exploratory incision

(Signed) R. H. Brown M. D.

3/15 1927 (Address) 2574 E 31st St.

*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

Cremation

DATE OF BURIAL

March 16 1927

20. UNDERTAKER

L. H. Newcomer's Son, St. L., 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.

MISSOURI STATE BOARD OF HEALTH—RECORD

2518 East 31st St.

1-4; 6-8.