

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

Do not use this space.

21503

**1. PLACE OF DEATH**

County Jackson Registration District No. 399

Township Franklin Primary Registration District No. 1002

City Franklin City, Mo. No. 7417 Prospect Ave

File No. \_\_\_\_\_

Registered No. 2851

St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

George W Long

(a) Residence, No. 7417 Prospect Ave, St. 16, Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. \_\_\_\_\_ 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. Ber Ann Long

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7, 1832

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>95</u>	<u>4</u>	<u>11</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Pa

PARENTS

10. NAME OF FATHER Wash Long

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

**14.**

INFORMANT Mrs. Susie V. Rozell  
(Address) 7417 Prospect Ave

**15.**

FILED 7/19 27 M. M. Cronin  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8th 1927

17. I HEREBY CERTIFY, That I attended deceased from July 24, 1927, to July 8th 1927, that I last saw him alive on July 15th 1927, and that death occurred, on the date stated above, at 11:20 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Valvular Heart Disease

92A 900 (duration) 1 yrs. 8 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH.  DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. H. Haworth, M. D.  
7/18, 1927 (Address) 7002 Prospect

\*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 DATE OF BURIAL

Marionville, Mo July 20, 1927

20. UNDERTAKER ADDRESS

W. H. Wagner 1408 Greenwood

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

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.

