

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

Do not use this space.

32177

1. PLACE OF DEATH

County.....

Registration District No. **791**

Towship.....

Primary Registration District No. **1003**

City **St. Louis** (No. **# 4441**)

File No.
Registered No. **9569**
Ave. St. Ward

2. FULL NAME

Silena M. Long

(a) Residence. No. **# 4441** **McPherson Ave.** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. **19** fs. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **Gabriel Long**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **12-8-1841**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	85	10	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **at Home**

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **Newark, N.J.**
(STATE OR COUNTRY)

10. NAME OF FATHER **John Ford**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **N.J.**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Mariah Colmer**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **N.Y.**
(STATE OR COUNTRY)

14. INFORMANT **Elmer Long**
(Address) **#4441 McPherson Ave.**

15. FILED **OCT 26 1927** **Marb Stark** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct-25th, 1927**
17.

I HEREBY CERTIFY, That I attended deceased from **November**, 19**23**, to **Oct 25**, 19**27**; that I last saw him alive on **Oct 25**, 19**27**, and that death occurred, on the date stated above, at **330 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio sclerosis
97

11-2 (duration) yrs. **6** mos. ds.

CONTRIBUTORY (SECONDARY) **Senility**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **910**
IF NOT AT PLACE OF BIRTH.

0 DID AN OPERATION PRECEDE DEATH? **No.** DATE OF.....

WAS THERE AN AUTOPT? **No**

WHAT TEST CONFIRMED DIAGNOSIS: **Smear plates**
(Signed) **John C. Craft**, M. D.

Ed 26 19 27 (Address) **940 Dussan Blvd**

*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 **Valhalla Cemetery** DATE OF BURIAL **10-27-1927**

20. UNDERTAKER **C. R. Lupton** ADDRESS **4479th Street**

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

du J. P. ~~transfer.~~
Jms, Theatre Bldg
Jeff 0021.-11-1.