Dr King

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

Do not use this space.

12003

1. PLACE OF DEATH

County Vernon — Registration District No. 875

Township — Primary Registration District No. 3039

City Nevada (No. ..... St. ..... Ward)

File No. .....

Registered No. ~~[illegible]~~ 52

2. FULL NAME Bruce R Longstreth

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Elsie Longstreth

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 30 1896

7. AGE: Years 31 | Months 9 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Train Caller
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad
(c) Name of employer: Mo P. R.R.

9. BIRTHPLACE (CITY OR TOWN) D. K.
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER: Sutton Longstreth
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D. K.
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER: Ella Wagner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D. K.
(STATE OR COUNTRY) Iowa

14. INFORMANT: C. F. Longstreth
(Address) St Louis Mo.

15. FILED 3-8 1928 E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 2, 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1928, to Mar. 2, 1928 that I last saw him alive on Mar. 1, 1928, and that death occurred, on the date stated above, at 2:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Spinal cord injury from fracture of third & fourth cervical vertebrae caused by being hit by locomotive in railroad yards (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) 1880 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 2071 M

IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-ray-paralysis

(Signed) C R King, M. D
3-4, 1928 (Address) Nevada, Mo.

*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: Newton Burial Park — DATE OF BURIAL: Mar 4 1928

20. UNDERTAKER: Allen V Hays — ADDRESS: Nevada, 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.

WHITE PAPER, WITH UNFADING INKSTITUTE IS A PERMANENT RECORD

R 3 1924

JAN 22 1947

AUG 29 1947