

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

Do not use this space.

31493

1. PLACE OF DEATH

County St. Genevieve
 Township St. Genevieve
 City..... (No.....)..... St..... Ward.....

Registration District No. 780
 Primary Registration District No. 6025

File No.....
 Registered No. 35

2. FULL NAME Anna M. Longe

(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 Female 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 John N. Longe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 5

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) Hungarten
 (STATE OR COUNTRY) Prussia

10. NAME OF FATHER Minrad Longe

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

12. MAIDEN NAME OF MOTHER Whilhemine Johest

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

14. INFORMANT John N. Longe
 (Address) Hungarten Mo

15. FILED Sept 28 1928 T.W. Douglas
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 23 1928

17. I HEREBY CERTIFY That I attended deceased from July 4th 1928 to Sept 23rd 1928 that I last saw him..... alive on Sept 23rd 1928 and that death occurred, on the date stated above, at 245 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
Acute Myocarditis
131
93.7 (duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Senility (duration)..... yrs. mos. da.

18. WHEN WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....

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

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED CAUSE OF DEATH? Autopsy
 (Signed) A. J. Longe, M. D.

*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 Hungarten Mo DATE OF BURIAL Sept 25 1928

20. UNDERTAKER John Basch St. Genevieve Mo ADDRESS

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.

