

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.

NOV 21 1928

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

Do not use this space.

32670

1. PLACE OF DEATH

County Madison
Township Saline
City Madison (No. St. Ward)

Registration District No. 79
Primary Registration District No. 5036

File No. 94
Registered No.

2. FULL NAME

Harrison Madison Long

(a) Residence No. St. Ward. (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

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

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

Sept 12 - 1836

7. AGE

92

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1

1

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Farmer

(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)

Pa.

10. NAME OF FATHER

Joseph Long

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pa.

12. MAIDEN NAME OF MOTHER

Mariah Parsons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pa.

14.

INFORMANT (Address)

Humes Long
Sturgis Mo.

15.

FILED 10/29/1928

E. N. Gentry
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct. 27 - 1928

17.

I HEREBY CERTIFY, That I attended deceased from

..... 19.28, to Oct. 27 - 1928 that I last saw him alive on Oct. 27, 19.28, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? stethoscope

(Signed) E. N. Gentry, M. D.

, 19 (Address) Sturgis Mo.

*State the DISEASE CAUSING DEATH 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

Mt Pisgah Cem.
Banner F&U-Co.

10/29/19
ADDRESS Sturgis,

20. UNDERTAKER

