

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

Do not use this space.

40265

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield (No. 3000)

Registration District No. 318
Primary Registration District No. Baptist Hospital

File No. _____
Registered No. 874 (Ward)

2. FULL NAME

(a) Residence No. 805 N. Pacific (Usual place of abode)

(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

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 Estelra Long

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 31-1868

7. AGE YEARS 65 MONTHS 8 DAYS 16 If LESS than 1 day, ____ hrs. ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Grocerman
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT George Long (Address) Springfield Mo.

15. FILED 12/18/28 1928 W. R. Forest REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2. 16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-17-1928

17. I HEREBY CERTIFY That I attended deceased from Nov. 24, 1928, to 12-17- 1928 that I last saw him alive on 12-17- 1928, and that death occurred, on the date stated above, at 9 P. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uncertain Suspect
Carcinoma of duodenum
which caused Bowel Block
(duration) yrs. 3 mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) C. J. Keller, M. D.

12-18-1928 (Address) Springfield 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 DATE OF BURIAL

Maple Park Cemetery Dec 20 1928
20. UNDERTAKER J. W. Longney No. 626 ADDRESS Springfield 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.

