

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

Do not use this space.

1631

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 1500)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 222
St. Ward)

2. FULL NAME

(a) Residence. No. 1700 Virginia St., 4 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da.

(If nonresident give city or town and State)
How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 19, 1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4 | 0 | 26 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None.
(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) Missouri

10. NAME OF FATHER J. H. Long

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

12. MAIDEN NAME OF MOTHER Mattie Donaldson

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

14. INFORMANT Henry H. Long
(Address) 1700 Virginia

15. FILED 1-16-29 M. D. Lawrence REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 15, 1929

17. I HEREBY CERTIFY that I attended deceased from Sept. 15, 1928 to Jan. 15, 1929 that I last saw him alive on Jan. 13, 1929, and that death occurred, on the date stated above, at 2:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
10/10 9
(duration) yrs. mos. 14 da.
CONTRIBUTORY (SECONDARY) Pertussis in fall.
(duration) yrs. mos. da.

18. WHERE 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 DIAGNOSIS? Physical Exam
(Signed) Eugene H. Ferguson, M.D.
11, 1929 (Address) 1810 W 45th St

*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 Maple Hill DATE OF BURIAL 1/17 29

20. UNDERTAKER Halko Bros ADDRESS 1729 Lydia

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Ferguson - Bryant Bldg.