

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.

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

Do not use this space.

1631

**1. PLACE OF DEATH**County JacksonRegistration District No. 399Township ShawPrimary Registration District No. 1002City Kansas City (No. 1500)

File No. \_\_\_\_\_

Registered No. 222

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**(a) Residence. No. 1700 Virginia St., 4 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**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.

4026**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**St. H. Long**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo.**12. MAIDEN NAME OF MOTHER**Mathie Maldon**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Okla**14.**

INFORMANT

(Address)

Henry H. Long  
1700 Virginia**15.**

FILED

1-16-29M. 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, 1929that 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 Pneumonia101 W9  
108(duration) yrs. mos. ds. 14 ds.**CONTRIBUTORY (SECONDARY)**Pertussis in fall

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

O DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_WAS THERE AN AUTOPSY? no**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed)

Physical Exam  
Engel & Ferguson M. D.

1/16, 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****DATE OF BURIAL**Maple Hill1/17, 1929**20. UNDERTAKER****ADDRESS**Halkins Bros1729 Lyda

Ferguson - Bryant Bldg.