

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

Do not use this space.

3170

1. PLACE OF DEATH
 County St. Clair Registration District No. 761 File No. 3170
 Township Appleton Primary Registration District No. 4456 Registered No. _____
 City Appleton City, Mo. St. _____ Ward _____

2. FULL NAME Joseph B. Long
 (a) Residence No. _____ St. _____ Ward _____
 (Use 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 Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widower
 (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Louise Raymond Long
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23-1860
7. AGE YEARS 68 MONTHS 9 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1929
17. I HEREBY CERTIFY That I attended deceased from Jan 21 1929, to Jan 28 1929, that I last saw him _____ alive on Jan 28 1929, and that death occurred, on the date stated above, at 4 P - m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia following an attack of influenza
 duration _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 110 duration _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____
19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) R. J. Smith M. D.
 , 19 (Address) Appleton City 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.

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Ill
10. NAME OF FATHER Daniel Long
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Peru
12. MAIDEN NAME OF MOTHER Mariah Adams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Peru
14. INFORMANT Herman Bruden
 (Address) Appleton City Mo
15. FILED Feb 11 1929 W. Collins M. Co
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenfield Kansas **DATE OF BURIAL** Jan 31 1929
20. UNDERTAKER Frank Lee **ADDRESS** Appleton City 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.

DEPARTMENT RECORD

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