

WRITE CLEARLY, 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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Shaw Primary Registration District No. 1002  
City Kansas City, Mo. 1700 Virginia

10692

File No. \_\_\_\_\_  
Registered No. 1199  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Clotelia Long  
(a) Residence No. 1700 Virginia St. \_\_\_\_\_ 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 Fe 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) Sept. 14, 1922

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
6 5 24

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) Mo.

10. NAME OF FATHER H. 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 Mattie Long (Address) 1700 Virginia

15. FILED 3/11, 1929 M. J. Corneil REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/8 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1928, to near 6, 1929 that I last saw her alive on March 7, 1929 and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia, Lobar  
95% (duration) yrs. mos. ds.

CONTRIBUTORY Dilatation of the heart (SECONDARY) (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED 1700 Virginia  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) J. M. Patton, M. D.  
3/9 (Address) 1124 E. 12th

\*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 Cem DATE OF BURIAL 3/11 1929

20. UNDERTAKER Watkins Bros. ADDRESS 1729 Lyda

Mr. Patterson. - 1224E 18 Grand 3440