

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

Do not use this space.

10834
10884

1. PLACE OF DEATH U.S.V.Hosp. #67

County Jackson
Township Law
City Kansas City, Mo. (No. U.S. Veterans Hospital #67)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 1391 (Ward)

2. FULL NAME LONGBRAKE, George J

C-None WOE

(a) Residence, No. 8725 Independence Rd. St. 12 Ward. Set. Q.M.C.
(Usual place of abode) Kansas City, Missouri. (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 (write the word) Divorced married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1, 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	32	6	19	

OCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City,
(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER Frank Longbrake

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

12. MAIDEN NAME OF MOTHER Mahala J Carey

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

14. INFORMANT John O Longbrake (Brother)
(Address) 316 Ewing, Mt. Washington, Mo.

15. FILED 3/21 19 29 M. M. Cronin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 19 29

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1929, to March 20, 1929 that I last saw him alive on March 19, 1929, and that death occurred, on the date stated above, at 2:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis, Acute

(duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY Peritonitis, Generalized.
(SECONDARY)

(duration) _____ yrs. _____ mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3-15-1929

WAS THERE AN AUTO-SY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) W. E. Chambers, M. D.
W. E. CHAMBERS, Medical Officer in Charge.
U.S.V. Hospital, Kansas City, Missouri.

*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 _____

Mt Washington March 21, 1929

20. UNDERTAKER C. H. Blackburn & Son ADDRESS 6606 Indef

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.

Handwritten notes:
8-19-1929
3-21-1929

Handwritten numbers:
22
2

Handwritten initials:
ar

SEP 1950

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 10884-29

State of Illinois
County of St. Clair } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 7th day of September 1950, ~~1950~~, before me appears.....

Alvina Keim, who, upon her oath, states that the original record of ~~birth~~ death

for George J. Longbrake died March 20, 19 29, in the State of Missouri, and which was filed at Jefferson City on, 19....., should be corrected as follows:

Item No. 5 should read Married

Instead of Divorced

Item No. 5a should read Alvina J. Longbrake
Belleville, Illinois

Instead of Unknown

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Alvina Keim Wife
Relationship.

712 S Church St Belleville Ill
Present Address.

Subscribed and sworn to before me this 7th day of September, 1950

My Commission expires Dec 2, 1950
Sharp, Bruce W. Notary Public
County Clerk St Clair County

SEP 12 1950

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-10884