

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

SEP 26 1929

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

Do not use this space.

28461

1. PLACE OF DEATH

County Newton  
Township Marion  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 615  
Primary Registration District No. 5817

File No. \_\_\_\_\_  
Registered No. 8  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs Essy Long

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
49 3 7

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Tennessee  
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Grable

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

12. MAIDEN NAME OF MOTHER Elizabeth Sanders

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

14. INFORMANT John Long  
(Address) Diamond P. No. 11

15. FILED 8-20-29 W. S. Chapman  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19 1929

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1929, to Aug 2, 1929 that I last saw her alive on Aug 2, 1929, and that death occurred, on the date stated above, at 11:30 AM

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Mitral Insufficiency  
924  
(duration) yrs. 6 mos. da.

CONTRIBUTORY (SECONDARY) 900  
(duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS micro  
(Signed) David Price, M. D.

\*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.  
8/20 1929 (Address) Parthage Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fidelity Cemetery DATE OF BURIAL Aug 20 1929

20. UNDERTAKER Brookshire Lnd Co. ADDRESS Diamond 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.

235  
2  
3

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