

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

Do not use this space.

33588

**1. PLACE OF DEATH**

County Howard  
Township  
City Fayette, Mo. (No. ....)

Registration District No. 378  
Primary Registration District No. 4222

File No. ....  
Registered No. 78  
St. .... Ward)

**2. FULL NAME** Miss Mattie Long,

(a) Residence. No. .... 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single.</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
#

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 21 - 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>47</u>	<u>2</u>	<u>2</u>	<u>2</u>	

8. OCCUPATION OF DECEASED #

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

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

(c) Name of employer.....

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

10. NAME OF FATHER Park Long

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

12. MAIDEN NAME OF MOTHER Jano Turner,

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

14. INFORMANT Miss Clara Long,  
(Address) Fayette, Mo.

15. FILED 11.2.29 V. C. Bonham  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/23/29 1929

17. I HEREBY CERTIFY, That I attended deceased from April, 1926, to 10-23, 1929, that I last saw her alive on 10-23, 1929, and that death occurred, on the date stated above, at 8: A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Nephritis  
131  
820  
Paralyzed since infancy  
(duration) yrs. 12 mos. ds.

CONTRIBUTORY (SECONDARY)  
Paralyzed since infancy  
(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? Physical findings  
(Signed) Wm. J. Shaw M. D.  
, 19 29 (Address) Fayette, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetary 10/24/29 DATE OF BURIAL 1929

20. UNDERTAKER Guy T. Malley, Fayette, Mo. ADDRESS 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.

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