

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

Do not use this space.

467

**1. PLACE OF DEATH**

County Cass Registration District No. 156  
 Township Grand River Primary Registration District No. 6219  
 City (No. ....) St. .... Ward)

**2. FULL NAME**

Infant Babe of Chester F. & Borene A. Long  
 (a) Residence No. .... St. .... Ward. .... (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 19 - 1930</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	—	—	1	
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 .....				

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Jan 19th 1930 to Jan 20th 1930 that I last saw h. im alive on Jan 20th 1930, and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Premature Birth

157 / 6 / 10 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY)  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY.....  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) David Long M.D.  
1/21, 1930 (Address) Harrisonville

\*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) Cass Co. Mo.

10. NAME OF FATHER Chester F. Long

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

12. MAIDEN NAME OF MOTHER Borene A. Osburn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  
 (STATE OR COUNTRY) Cass Co. Mo.

14. INFORMANT Chester F. Long  
 (Address) Harrisonville Mo.

15. FILED 1/21, 1930 A. S. Long REGISTRAR  
10 x Long

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Barford Cemetery DATE OF BURIAL 1/21 1930

20. UNDERTAKER Rimmemburger Bros ADDRESS Harrisonville Mo.

WRITE PLAINLY, 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.

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Mo.

