

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

Do not use this space.

7689

**1. PLACE OF DEATH**

County Boon  
Township Columbia  
City Columbia (No. ....)

Registration District No. 73  
Primary Registration District No. 0006

File No. ....  
Registered No. 44 St. .... Ward)

**2. FULL NAME**

(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.

*Mrs Jessie G Long*

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Jan 29 - 1853

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
7 1/2 3 12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Insurance Agent  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Boon Co. Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas Long

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

12. MAIDEN NAME OF MOTHER Elizabeth McQuitty

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

14. INFORMANT Mrs. J. G. Long  
(Address) Columbia

15. FILED 3-13-30 Beatrice Grebbe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3  
16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 9 21 1930 to Mar 11 1930 that I last saw him alive on Mar 11 1930 and that death occurred, on the date stated above, at 8:35 P.m.

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

Smallpox  
131A 133A 135A  
(duration) 162 yrs. 8 mos. ds.  
CONTRIBUTORY Abuse of spiritism, held  
(SECONDARY) and riding unknown  
(duration) .... yrs. .... mos. .... ds.

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

18 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

18 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) R. C. Cunningham, M.D.  
. 19 (Address) Columbia

\*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 Columbia Cemetery DATE OF BURIAL Mar 13 1930

20. UNDERTAKER Tam M<sup>c</sup> Hary ADDRESS Columbia

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.

