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

JUL 23 1930

20101

1. PLACE OF DEATH

County Monroe — Registration District No. 583 — File No.

Township Jefferson — Primary Registration District No. 5781 — Registered No. 7

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Nell 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~P. B. Mc~~ —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14th 1930

7. AGE — YEARS — MONTHS — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

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) Monroe Co.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER E. A. Long
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Monroe Co.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Dorris Woodworth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monroe Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT E. A. Long
(Address) Stoutsville Mo.

15. FILED 7/2 1930 H. T. Bell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4th 1930

17. I HEREBY CERTIFY, That I attended deceased from May 14th, 1930, to June 4, 1930, that I last saw her alive on May 28th, 1930, and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

158
Inanition
(Lack of proper care)
..... (duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

160

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? Clinical Symptoms

(Signed) H. T. Bell, M. D.
6/4, 1930 (Address) Stoutsville 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: Stoutsville Cem.
DATE OF BURIAL: 6/5 1930

20. UNDERTAKER: none
ADDRESS

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.