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.

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

Do not use this space.

23245

1. PLACE OF DEATH
County Jasper
Township Union
City ..... (No. ..... St. ..... Ward)

Registration District No. 408
Primary Registration District No. 5565

File No. .....
Registered No. .....

2. FULL NAME Margaret Alice Long
(a) Residence. No. Carthage R.F.D. #3 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. 6 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert C. Long

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 2 1879

7. AGE: 51 YEARS ~~[illegible]~~ MONTHS: 4 DAYS: ? If LESS than 1 day, ... hrs. or ..... min.

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): Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

PARENTS
10. NAME OF FATHER: Rouch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Burkhall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: J W Spence
(Address) Carthage, R3

15. FILED 7-12, 1930 E H Ketcham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jul 12 1930

17. I HEREBY CERTIFY, That I attended deceased from July 12 1930 to July 12 1930 that I last saw her ~~alive~~ dead on July 12 1930, and that death occurred, on the date stated above, at 3.30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epileptic convulsion
8.15
78 (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) Lenz Simmons, M. D.
7/12, 1930 (Address) Coroner, Jasper Co.

*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: Fidelity Cemetery
DATE OF BURIAL: 7-12 1930

20. UNDERTAKER: Sutter
ADDRESS: Diamond Mo.