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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 39493

Township Kaw — Primary Registration District No. [illegible] — Registered No. 51165

City Kansas city (No. K C General Hosp St. ..... Ward)

2. FULL NAME Thomas De Long

(a) Residence. No. 1110 Myrtle St., [illegible] Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta De Long

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 15, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	56	1	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Simon De Long
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Mary A. Schaffer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT Record Clerk
(Address) Kansas City Genl Hosp

15. FILED 12/17, 1930 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-17 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-15, 1930 to 12-17, 1930 that I last saw him alive on 12-17, 1930 and that death occurred, on the date stated above, at 1:20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis with Hypertension and Arterio Sclerotic Heart Disease
13L (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Uremia
(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? No
WHAT TEST CONFIRMED DIAGNOSIS? Clen Find
(Signed) P E Williams, M. D.
12-17, 1930 (Address) Supt K.C Gen Hosp

*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	DATE OF BURIAL
Liberty, Mo	Dec 18 1930

20. UNDERTAKER	ADDRESS
R. V. Lindsey & Sons	Kansas City 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.