

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

Do not use this space.

24861

1. PLACE OF DEATH Howard
 County..... Registration District No. 878
 Township Fayette, Primary Registration District No. 4222
 City..... (No....., St. Ward)

2. FULL NAME Virgel 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 / 26 1874

7. AGE 57 YEARS MONTHS # DAYS # If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

13. NAME David Long.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Scaly Alexander,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Edgar Long (ADDRESS) Fayette,

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Chaple. DATE 7 / 28 31

19. UNDERTAKER Guy T. Halley. (ADDRESS) Fayette Mo.

20. FILED Aug. 1, 1931 V. C. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 26 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-24-31, 1931, to 7-26-31, 1931.
 I last saw him alive on 7-27-31, 1931. Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:
Gun Shot Wound of Abdomen with Peritonitis
 Date of onset 7-24-31
 Other contributory causes of importance:
Internal Hemorrhage
Anatomosis of Duodenum
 Name of occupation..... Date of.....
 Was it confirmed diagnosis? None Was there an autopsy? yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 7-24-31
 Where did injury occur? near Fayette Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Home
 Manner of injury accident with gun
 Nature of injury perforation of abdomen
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) W. A. Bloom, M. D.
 (Address) Fayette 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.

AUG - 6 1931

