

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

Do not use this space.

24954

1. PLACE OF DEATH

County... Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City... Kansas City (No. Lake Side Hospital St. Ward

File No.
Registered No. 2072
St. Ward

2. FULL NAME Betty Jane Longan

(a) Residence. No. 5801 Cherry St., 8 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>September 9th, 1918</u>		
7. AGE YEARS <u>12</u>	MONTHS <u>9</u>	DAYS <u>24</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>School Child</u> (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) Missouri

PARENTS	10. NAME OF FATHER <u>Patrick H. Longan</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>Harriett E. Nicholas</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT Marcellus Longan
(Address) 5801 Cherry

15. FILED July 5, 1931 M. M. Cronus REGISTRAR
arr

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3rd, 1931
17. I HEREBY CERTIFY, That I attended deceased from June 29 1931, to July 3rd, 1931, that I last saw her alive on Sunday 28, 1931, and that death occurred, on the date stated above, at 2:15 - 13 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute sup. Appendicitis
12 1/2
129

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

18. WHERE WAS DISEASE CONTRACTED 121
IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Operation
(Signed) Ch. Longan M. D.
7/4 1931 (Address) 509 West 39th

*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 Memorial Park Cemetery DATE OF BURIAL 7/6/31 19
20. UNDERTAKER W.F. Mayberry ADDRESS Kans City 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.

