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

Do not use this space.

File No. 27397

Registered No. 145

1. PLACE OF DEATH

County ADAIR — Registration District No. 4

Township — Primary Registration District No. 3001

City KIRKSVILLE MO (No. 302 N NEW ST St. Ward)

2. FULL NAME MISS EMMA LONG

(a) Residence. No. 302 N NEW ST 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
FEMALE	WHITE	SINGLE

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
52	8	3	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) EDINA MO

PARENTS

10. NAME OF FATHER JOHN LONG

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) EDINA MO

12. MAIDEN NAME OF MOTHER ANNA PORTER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) EDINA MO

14. INFORMANT Mrs John Long
(Address) KIRKSVILLE MO

15. FILED 8/26, 1931 Mrs C H Becker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-3 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... that I last saw her alive on Aug 3, 1931, and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Right Breast
Several Years
(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) [signature], M. D.
, 19 (Address) Kirksville 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 LLEWELLYN CEMETERY — DATE OF BURIAL 8-6 1931

20. UNDERTAKER Chris Wilson — ADDRESS Kirksville

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.

SEP - 1 1931

Carrie Gill