

**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. 88

Township Kaw

Primary Registration District No. 300

City Kansas City

(No. 6034 Morningside Drive)

File No. 1154

Registered No. 192

St. _____ Ward _____

2. FULL NAME

Mary E. Long

(a) Residence, No. 6034 Morningside Drive Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 23, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 2 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 186

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 194 At home

10. Date deceased last worked at this occupation (month and year) 54 11. Total time (years) spent in this occupation 1860

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

13. NAME David Burge

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

15. MAIDEN NAME Emily E. Pence

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

17. INFORMANT (ADDRESS) David E. Long 6034 Morningside Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 1-18-1932

19. UNDERTAKER (ADDRESS) Stue & Mc Cleary 3295 Williams Plaza

20. FILED Jan 18 1932 M. M. Crowley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1932 to January 17, 1932
I last saw him alive on January 12, 1932 Death is said to have occurred on the date stated above, at P. 12:10
The principal cause of death and related causes of importance were as follows:

A fracture of right femur.
B Intestinal obstruction
C due to old tumor of Colon
D not malignant
E 1860

Other contributory causes of importance: 14
Intestinal obstruction
due to old tumor of Colon
Name of operation _____ Date of _____
What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Jan 17, 1932
Where did injury occur? 6034 Morningside Drive
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury due to fall in home
Nature of injury fracture of right femur

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) W. R. Ketchum, M. D.
(Address) 908 C. Street

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.

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