

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.

FEB 24 1932

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

Do not use this space.

1828

1. PLACE OF DEATH  
 67 County *Miss.* Registration District No. *5-67*  
 4 Township ..... Primary Registration District No. *4384*  
 30 City *East Prairie, Mo.* St. .... Ward .....

2. FULL NAME *Robert Blaine 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 (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 24-1879*

7. AGE YEARS *52* MONTHS *6* DAYS *15* If LESS than 1 day, .... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *tailor*  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *92*  
 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) *Cofey, Mo.*

FATHER 13. NAME *William P. Long*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *31*

MOTHER 15. MAIDEN NAME *Julia Angeline Collett*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Beaton Long East Prairie Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *D. Amrod* DATE *1/10/32*

19. UNDERTAKER (ADDRESS) *Troyes Shelby East Prairie Mo.*

20. FILED *1-9* 1932 *Duffon Dodge* Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1/9/32*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 8*, 1932, to *Jan 9*, 1932  
 Last saw h. *in* alive on *Jan 7*, 1932. Death is said to have occurred on the date stated above, at *4:15 P.M.*  
 The principal cause of death and related causes of importance were as follows:  
*Apoplexy*  
*82A J201*  
 Other contributory causes of importance: *(1)*

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify *Geo. W. Whitaker*, M. D.  
 (Address) *East Prairie, Mo.*

