

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

Do not use this space.

4688

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kear Primary Registration District No. 100
 City Kansas City (No. 3345 Chestnut) St. 17 Ward

2. FULL NAME McArthur Long
 (a) Residence, No. 3345 Chestnut St. 17 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 35 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 Kate A Long

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>66</u>	<u>10</u>	<u>7</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods 172

10. Date deceased last worked at this occupation (month and year) Feb 7 32 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McArthur Ohio

13. NAME Amos W. Long

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

15. MAIDEN NAME Karina Paylor

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

17. INFORMANT Kate A Long
 (ADDRESS) 3345 Chestnut

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ottawa, Mo DATE 2/10 1932

19. UNDERTAKER Carroll Dandewell Co
 (ADDRESS) 2224 Troost

20. FILED 1/10 32 M. M. Lesover Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19 32

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to 8 9 32, 1932
 Last saw h. alive on Feb 8, 1932 Death is said to have occurred on the date stated above, at 8:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset 7 4 13

Other contributory causes of importance: 94 W

Name of operation None Date of —
 What test confirmed diagnosis? usual Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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 None
 (Signed) R. P. Jones, M. D.
 (Address) 2121 S. 11 St.

WHILE PENDING, 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.

