

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

Do not use this space.

5214 a

1. PLACE OF DEATH

53 County Laclede
Township Union
City (No.) St. Ward

Registration District No. 448
Primary Registration District No. 5608

File No.
Registered No.

2. FULL NAME

(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 <u>7</u> | 4. COLOR OR RACE <u>W.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>(write the word)</u> <u>✓</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 13 1930</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>2</u> | <u>11</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | 11. Total time (years) spent in this occupation. |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laclede</u> | | |
| 13. NAME <u>Joseph H Long</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Whites Co Mo</u> | | |
| 15. MAIDEN NAME <u>Ora Freshour</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laclede Co Mo</u> | | |
| 17. INFORMANT <u>Joseph Long</u> (ADDRESS) <u>Conway Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Eureka</u> DATE <u>2/26 32</u> | | |
| 19. UNDERTAKER <u>W.E. Holman</u> (ADDRESS) <u>Conway Mo</u> | | |
| 20. FILED <u>July 10 1932</u> <u>Jenette Blinton</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-10-1932, to 2-24-1932.
I last saw him alive on 2-24-1932. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:
Typhoid Fever
Date of onset 2-7-32

Other contributory causes of importance:
(D)

Name of operation no Date of
What test confirmed diagnosis? "Kidal" Was there an autopsy? no

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? no
If so, specify
(Signed) O. C. Bueage, M. D.
(Address) Conway, Mo.
Bernard

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.

JAN 25 1932

11

12

13

14

15