

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

Do not use this space.

5220

1. PLACE OF DEATH

53 County Laclede Registration District No. 444
Township Labanon Primary Registration District No. 5609
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 1713

2. FULL NAME

Lena Long St. _____ Ward _____
(a) Residence, No. _____ (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>35</u>	<u>3</u>	<u>24</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Nebraska

FATHER 13. NAME Bill Morse

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

MOTHER 15. MAIDEN NAME Alice Morse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Melton Ill

17. INFORMANT (ADDRESS) Bertha Albertson Labanon Mo R.S.

18. BURIAL, CREMATION, OR REMOVAL PLACE Labanon Cemetery Feb 11 1932

19. UNDERTAKER (ADDRESS) Johnson & Stewart Labanon Mo

20. FILED 2/14 1932 J.W. Berry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932, to Feb 13, 1932
I last saw him alive on Feb 13, 1932. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma (uterus) Date of onset Jan 1930
4648
Other contributory causes of importance: ①

Name of operation none Date of _____

What test confirmed diagnosis? none 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) N. G. Hamilton, M. D.

(Address) Labanon, Mo.

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.

MAR 29 1932

