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.

MAY 26 1932

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

Do not use this space.

13232

1. PLACE OF DEATH

64 County Marion — Registration District No. 547 — File No.

1 Township Marion — Primary Registration District No. 3079 — Registered No. 116

8 City Hannibal (No. 702, Ely St. 4 Ward)

2. FULL NAME Lilly May Long

(a) Residence, No. 702 Ely St., 4 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
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: William D Long

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 16 1878

7. AGE: YEARS 53 — MONTHS 10 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Wife 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): perry mo 1

FATHER

13. NAME: Hazard Woodhurst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 8

MOTHER

15. MAIDEN NAME: Margaret Hayden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind. 4

17. INFORMANT (ADDRESS): Mr. William D. Long Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Olivet Cemetery DATE: 4-24 1932

19. UNDERTAKER (ADDRESS): James O'Donnell Hannibal Mo.

20. FILED: April 23 1932 C Cousins Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1932 to Apr 22, 1932

I last saw her alive on Apr 22, 1932 Death is said to have occurred on the date stated above, at 10 30/9 m.

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

	Date of onset
Cerebral Hemorrhage	Apr 20 32
97	
Other contributory causes of importance:	
Arterio-Scleroses -	1930
8	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) E. R. Motley, M. D.

(Address) Hannibal - Mo