

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

Do not use this space.

23393

1. PLACE OF DEATH

64 County Marion Registration District No. 547
 Township Marion Primary Registration District No. 3079
 City Hannibal (No. Clark Crossing Marion County) Registered No. 196
 Ward

2. FULL NAME

William A Long
 (a) Residence, No. 1006 Valley St St. 4 Ward.
 (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 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 Mary Jane Beatty
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 3 22
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 221
 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) Acuburn MO

13. NAME Fredrick A. Long

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

15. MAIDEN NAME Mary Jane Beatty

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

17. INFORMANT (ADDRESS) Wm. William A Long 1006 Valley St Hannibal

18. BURIAL, CREMATION, OR REMOVAL PLACE Acuburn MO DATE 7/9/1932

19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal MO

20. FILED July 9 1932 Leclair Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 5:43 Pm.

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

VERDICT OF JURY
WE THE JURY FIND WM A LONG
ALFRED BRIDGEMAN HURLEY POWERS
CAME TO THE DEATH BY BEING STRUCK
BY BURLINGTON TRAIN # 15.

Other contributory causes of importance: Sign by jury

JAMES SMITH, CHAS. BESSPARK, HENRY HARRIS
TOM JACKSON, RAY WRIGHT, W. A. B. C.

Name of operation TH 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 CRASH EXPT & INTERNAL

Nature of injury INJURY

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify: James O'Donnell Coroner

(Signed) Hannibal MO (Address)

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very CAUSE OF DEATH in plain terms, so that it may be properly classified.

AUG 25 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Marion Registration District No. 347 File No. _____
 Township _____ Primary Registration District No. 3029 Registered No. 196
 City Hannibal (No. _____) St. _____ Ward _____

2. FULL NAME William A. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS 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. _____
 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) _____

FATHER 13. NAME _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED Sept 8 32 1932 E. M. Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Exposure to his death by being struck by Pullman train for Long crossing in a car, and was on a Railroad. Cause of death, internal injury.
 Date of onset _____
Marion County, Miller township.

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 Crushed Chest
 Nature of injury internal injury

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) _____, M. D.
 (Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN's name should be stated EXACTLY. OCCUPATION should be stated EXACTLY. Exact statement of OCCUPATION is important.
 (OF DEATH in plain terms, so that it may be properly classified.)

SUPPLEMENTARY

S-23993



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

Do not use this space.

23393

1. PLACE OF DEATH

64 County Marion Registration District No. 547
 Township Marion Primary Registration District No. 3019
 City Hannibal (No. Clark Crossing, Marion County) Registered No. 196 Ward

2. FULL NAME

(a) Residence, No. 1006 Valley St St. 4 Ward.
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 6A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF <u>Sylvia May Griffin</u> <u>Mary Jane Petty</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 14, 1886</u> | | |
| 7. AGE | YEARS <u>46</u> | MONTHS <u>3</u> |
| | DAYS <u>22</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Engineer</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>221</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Auburn MO</u> | |
| | 13. NAME <u>Friedrich A. Long</u> | |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| | 15. MAIDEN NAME <u>Mary-Jane Petty</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u> | |
| 17. INFORMANT (ADDRESS: <u>Mr. William A. Long</u> <u>1006 Valley St Hannibal</u>) | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Auburn MO</u> DATE <u>7/9/1932</u> | | |
| 19. UNDERTAKER (ADDRESS: <u>James J. Donnell</u> <u>124 S. 9th St</u>) | | |
| 20. FILED <u>July 9, 1932</u> <u>Le Calousis</u> Registrar | | |

W MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:43 pm.

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

Verdict of jury
We the jury find WM LONG
ALFRED GRIFIN HURLEY POWERS
CAME TO THE DEATH BY BRINGING
BY BURLINGTON TRAIN # 15.

Other contributory causes of importance: Sign by jury
JAMES J. DONNELL, CHAS. BESSRAVE, HENRY HARRIS,
TOM JACOBSON, RAY WRIGHT, WALTER BETH

Name of operator 206M Date of _____

What test confirmed diagnosis? TH 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 CRASH CRST. & INTERNAL
 Nature of injury INJURY

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) James Donnell Coroner
Hannibal Mo Registrar

Items #5a & 15 corr. by aff. from daughter - 6-14-83