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

85

File No. 31492

Registered No. 543

1. PLACE OF DEATH
County: Buchanan
Registration District No.
Township
Primary Registration District No. 1001
City: St Joseph (No. St Joseph's Hospital St. Ward)

2. FULL NAME: Allen Long
(a) Residence. No. St., Ward. Cameron, Mo.
(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: 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 Ruby Long

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23 - 1904

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
27	9	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: meat cutter
(b) General nature of industry, business, or establishment in which employed (or employer): 148
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chillicothe
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER O. C. Long
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ray Co. Mo.
12. MAIDEN NAME OF MOTHER Ruth Allen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Carroll Co. Mo

14. INFORMANT O. C. Long
(Address) Chillicothe Mo.

15. FILED OCT 12, 1932 John R. Bender Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1932 to Oct 12, 1932 that I last saw him alive on Oct 11, 1932 and that death occurred, on the date stated above, at 1.55 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute appendicitis

121B

121 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Oct 10, 1932.
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. E. Bowman, M. D.
Oct 12, 1932 (Address) Cameron Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cameron Mo.
DATE OF BURIAL: Oct. 14 1932

20. UNDERTAKER: J. W. Poland
ADDRESS: Cameron Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.