

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

Do not use this space.

35273

1. PLACE OF DEATH

County Dunklin Registration District No. 284
Township Frelow Primary Registration District No. 5403
City Clarkton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 8

2. FULL NAME

John Harris Longneer
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 15 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Beda L. Cavel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-4-1852</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>0</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home builder</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1928</u>	11. Total time (years) spent in this occupation <u>60 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monticello Va</u>		
MOTHER FATHER	13. NAME <u>John Longneer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>	
	15. MAIDEN NAME <u>Eliza Jane Shelb</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wheaton Mo</u>		
17. INFORMANT <u>Wm J Longneer</u> (ADDRESS) <u>Clarkton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parsons Mo</u> DATE <u>11-13-1932</u>		
19. UNDERTAKER <u>Baldwin Und. Co</u> (ADDRESS) <u>Kennett Mo.</u>		
20. FILED <u>11-12-1932</u> <u>J. B. Stinson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 14th 1928 to Nov 11th 1932
I last saw him alive on Nov 9th 1932 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:
arterio Sclerosis
acute dilation of heart
Date of onset 1928

Other contributory causes of importance: _____

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? no
If so, specify _____
(Signed) J. B. Stinson, M. D.
(Address) Clarkton 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.

