

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

Do not use this space.

5000

1. PLACE OF DEATH

County Carter
Township Johnson
City Edinburgh (No.)

Registration District No. 145
Primary Registration District No. 5208

File No. 17
Registered No. 94 St. Ward)

2. FULL NAME

Sommy Long
(a) Residence, No. Grand St. 2nd (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1918

7. AGE YEARS 14 MONTHS 5 DAYS 0 If LESS than 1 day, hrs. or min.

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) Farming

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emmelen Mo

13. NAME J. J. Long

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co Ill

15. MAIDEN NAME Lizzie Long

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emmelen Mo

17. INFORMANT (ADDRESS) J. Long, Gran in Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Emmelen Mo DATE Feb 26 1933

19. UNDERTAKER (ADDRESS) W. McKinney, Edinburg

20. FILED 3/8 1933 Alexander Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 25 1933

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1933, to February 25, 1933

I last saw him alive on February 25, 1933 Death is said to have occurred on the date stated above, at 11:45 P.

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

Peritonitis Date of onset

Other contributory causes of importance: Ruptured appendix

Name of operation Appendectomy Date of 2-20-33

What test confirmed diagnosis? Appendicitis 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? so, specify

(Signed) J. E. Holliman, M. D.

(Address) Davignon Mo

CAUSE OF DEATH is plain terms, so that it may be properly classified.

1875