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.

JUN 23 1933

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

Do not use this space.

1. PLACE OF DEATH

80 County PETTIS — Registration District No. 665 — File No. 17390

2 Township HOUSTONIA — Primary Registration District No. 4398 — Registered No.

1 City Houstonia (No. ..... St. ..... Ward)

2. FULL NAME Joseph Clinton Longan

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 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~~ Stella Longan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1862

7. AGE — YEARS 70 — MONTHS 10 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Store
10. Date deceased last worked at this occupation (month and year) May 1932
11. Total time (years) spent in this occupation Life

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

FATHER

13. NAME Frederick Longan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

MOTHER

15. MAIDEN NAME Emley Reavis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

17. INFORMANT (ADDRESS) Mrs Stella Longan Houstonia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Houstonia DATE May 8, 1932

19. UNDERTAKER (ADDRESS) W. C. Westbrook Houstonia Mo

20. FILED May 9, 1933 C. L. Parkhurst Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May -1- 1933, to May -6- 1933

I last saw him alive on May 6, 1933. Death is said to have occurred on the date stated above, at 11,30 a.m.

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

Shock from an attack from Kidney stones — Date of onset May 1-33 of Colic

134 — 87.1 — 16.

Other contributory causes of importance: Stroke of paralysis sometime ago 1928 — 1928

Age

Name of operation X Date of

What test confirmed diagnosis? X Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19X

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. L. Parkhurst, M. D.

(Address) Houstonia, Mo.