

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

Do not use this space.

**19899**

**1. PLACE OF DEATH**

County JACKSON Registration District No. 399  
 Township KAW Primary Registration District No. 1002  
 City KANSAS CITY (No. LITTLE SISTERS OF THE POOR St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 2615

**2. FULL NAME** THOMAS WASHINGTON LONG

(a) Residence, No. LITTLE SISTERS OF THE POOR Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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) WIDOWED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 20 1846  
 7. AGE YEARS 87 MONTHS 5 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE  
 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) MISSOURI

FATHER 13. NAME JOEL LONG

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

MOTHER 15. MAIDEN NAME EMMALINE ARNOLD

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

17. INFORMANT MR H. C. NEWCOMER  
 (ADDRESS) 2111 EAST 9TH ST.

18. BURIAL CREMATION, OR REMOVAL PLACE FOREST HILL DATE JUNE 24 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS  
 (ADDRESS) 2111 EAST 9TH ST.

20. FILED 6-23 1933 m. m. Grove Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 22 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10th 1933 to June 22nd 1933  
 I last saw him alive on June 21 1933 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:  
Obliterating Endarteritis Date of onset 3/19/33  
arteriosclerosis 1920

Other contributory causes of importance: \_\_\_\_\_  
 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify Fern U. O'Rourke, M. D.  
 (Signed) \_\_\_\_\_ (Address) 1402 Bryant Pl

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

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.

1402 Bryant Sedg.

1:30 - 5:30