

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

Do not use this space.

20490

1. PLACE OF DEATH

72 County New Madrid, Registration District No. 274
Township Lewis, Primary Registration District No. 6261
City (No. , St. Ward)

2. FULL NAME

John Long
(a) Residence, No. St., Ward,
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ella Long</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-22-52</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>4</u>
		DAYS
		<u>14</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>Farmer</u>	
	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) <u>Berry Co. Mo.</u>		
MOTHER	13. NAME <u> </u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>	
	15. MAIDEN NAME <u> </u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>	
17. INFORMANT <u>Geo Anna Travis</u> (ADDRESS) <u>Hilbourn Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kewanee</u> DATE <u>6-7</u> , 19 <u>33</u>		
19. UNDERTAKER <u>Hill Bros</u> (ADDRESS) <u>Hilbourn Mo</u>		
20. FILED <u>July 10</u> , 19 <u>33</u> <u>E. E. Jones</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .
I last saw him live on June 6, 1933. Death is said to have occurred on the date stated above, at 9:30 P m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis
Date of onset 33A

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
(Signed) Grwisser, M. D.
(Address) Hilbourn 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. AUG 26 1933

