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.

SEP 26 1933

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

Do not use this space.

27296

1. PLACE OF DEATH
81 County Phelps — Registration District No. 678 — File No.
3 Township — Primary Registration District No. 4404 — Registered No.
2 City St James (No. , St. Ward)

2. FULL NAME Alva Longbridge
(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 10 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-5-1860

7. AGE YEARS 73 MONTHS 1 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Nov 1-1932
11. Total time (years) spent in this occupation 40 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kilgore Ohio

FATHER
13. NAME Joseph Longbrige
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Lydia Phelps
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Julia Longbrige St James Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arlington DATE 8-22 1933

19. UNDERTAKER (ADDRESS) W E Lickliter St James Mo

20. FILED 8-20 1933 Henry F. Walters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to Aug 20, 1933
I last saw him alive on Aug 20, 1933 Death is said to have occurred on the date stated above, at 1 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis Jan 1933	
133	

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) William H Brewer, M. D.
(Address) St James Mo