

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

Do not use this space.

40629

56

JAN 26 1933

PLACE OF DEATH
 County Lewis Registration District No. A 93 5-1-47
 Township Lyon Primary Registration District No. 6-6-45-16
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Annice B. Long
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) Lewis Co. Mo. (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>F.</u>	4. COLOR OR RACE <u>W.</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>David Long</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 14 - 1868</u>		
7. AGE	YEARS	MONTHS
	<u>65</u>	<u>11</u>
		DAYS
		<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Co. Mo.</u>		
13. NAME <u>E. Murphy</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Mary Foster</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>David Long</u> (ADDRESS) <u>Lewis Co. Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. Patrick, Mo.</u> DATE <u>Dec 20, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Robt P Greaves #5656</u> <u>Thoutkat, Mo.</u>		
20. FILED <u>Dec 19, 1933</u> <u>mo D. B. Speer</u> Registrar.		

OCCUPATION
FATHER
MOTHER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1933, to Dec 18, 1933
 I last saw her alive on Dec 18, 1933. Death is said to have occurred on the date stated above, at 3:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
8 VA 87-4

Date of onset

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) W. C. E. Todd D.O. M.D.
 (Address) Williamstown mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

235

