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.

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

Do not use this space.

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1. PLACE OF DEATH

County Buchanan — Registration District No. — File No. —

Township — Primary Registration District No. 1001 — Registered No. 16

City St Joseph (No. , State Hosp #2 St. Ward)

2. FULL NAME Mary J Long

(a) Residence, No. St., Ward. Grant City, Mo
(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 Female — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1852

7. AGE YEARS About 82 — MONTHS — DAYS unknown — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Neg

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) Unknown Indiana

FATHER

13. NAME John Goodwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

MOTHER

15. MAIDEN NAME Mary A Pierce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky

17. INFORMANT (ADDRESS) Records State Hosp #2 St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City Mo DATE Jan 6 1934

19. UNDERTAKER (ADDRESS) Andrews Grant City Mo

20. FILED 1-4- 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23 1931, to Jan 3 1934

I last saw her alive on Jan 17 1934. Death is said to have occurred on the date stated above, at 6:18 a.m.

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

	Date of onset
Broncho-Pneumonia	Dec 29 '33
107 A	
16	

Other contributory causes of importance:

Senile Psychosis — June 23 '31

Name of operation — Date of

What test confirmed diagnosis? — 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) Dr Clifton Smith, M. D.

(Address) State Hosp #2 St Joseph Mo