

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

Do not use this space.

1141

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City Mo.

Registration District No. 388
Primary Registration District No. 1162
No. General Hosp.

File No.
Registered No. 108
St. Ward)

2. FULL NAME

(a) Residence, No. 124 Theatre St. 2 Ward. (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 male 4. COLOR OR RACE Wk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec - 23 - 1899

7. AGE YEARS 37 MONTHS 0 DAYS 8 If LESS than 1 year, day, or

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
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) Kans

13. NAME Walter J. Long

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

15. MAIDEN NAME Jennie McLeod

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

17. INFORMANT Edward J. Long (ADDRESS) Madison St

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan - 10 - 1934

19. UNDERTAKER Harriet - Walton (ADDRESS) 819 - E - 31st

20. FILED Jan 9 1934 M. M. Browne Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/5, 1934

22. I HEREBY CERTIFY that I attended deceased from 1/5 to 1/5, 1934. I last saw him alive on 1/5, 1934. Death is said to have occurred on the date stated above, 1/5 m.

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

Chronic kidney disease
hypertension of heart & spleen
hemiplegia

Other contributory causes of importance:

Diabetes

Name of operation Date of operation
What test confirmed diagnosis? Anger Was there an autopsy? yes

23. If death was due to external cause, fill in also the following: Accident, suicide, or homicide. Date of injury
Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in train, on highway, or in public place.

Manner of injury stroke
Nature of injury stroke

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [Signature], M. D.
(Address) [Address]

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.

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