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

Do not use this space.

1770

File No. 2 1 2

Registered No. 4

FEB 27 1934

51 1 2

**1. PLACE OF DEATH**

County Lewis — Registration District No. 477

Township Canton — Primary Registration District No. 4286

City Canton, Mo (No. ..... St. ..... Ward)

**2. FULL NAME** Mrs Joan Long

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Dave Long

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16-1866

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 77 | 8 | 25 | |

OCCUPATION

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

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) Jan 1

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark County Mo

FATHER

13. NAME Thomas B. Dawson

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

MOTHER

15. MAIDEN NAME Mary A. Fall

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

17. INFORMANT (ADDRESS) Tom M. Long Son Canton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Grove DATE Jan 14, 1934

19. UNDERTAKER (ADDRESS) F. D. Kelly Canton, Mo.

20. FILED Jan. 12, 1934 H. W. Harris Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1934, to Jan 11, 1934

I last saw her alive on Jan 11, 1934. Death is said to have occurred on the date stated above, at 7.30 P.m.

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

| | Date of onset |
|---|---|
| Nephritis due to arterio-sclerosis | Jan 4/34 |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis clinically 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? No.

If so, specify

(Signed) H. W. Harris, M. D.

(Address) Canton 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.