

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.

MAR 24 1934

1. PLACE OF DEATH

County Pulaski
Township Richland
City Richland (No.) Ward

Registration District No. 712
Primary Registration District No. 4427

File No. 6113
Registered No. 4
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward

(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR WIFE OF <u>Frank Long</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 90</u> <u>0</u> <u>20</u> <u>Feb 1st 1844</u>		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>
	13. NAME <u>Iron Godfrey</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>

MOTHER	15. MAIDEN NAME <u>unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>

17. INFORMANT (ADDRESS) <u>Mary Sampson Richland Mo</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>2-22-</u> 19 <u>34</u>
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19. UNDERTAKER (ADDRESS) <u>W. J. Jeeper Richland Mo</u>
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20. FILED <u>2-20</u> 19 <u>34</u> <u>Quett G. Oliver</u> Registrar
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1934

22. I HEREBY CERTIFY That I attended deceased from Oct 17 1932 to Feb 20 1934

I last saw him alive on Feb 19 1934. Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Hemorrhage of the Stomach Date of onset Feb 16/1934

Other contributory causes of importance: unknown

23. Name of operation none 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? none (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) Quett G. Oliver M. D.
(Address) Richland, Mo.

