

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

Do not use this space.

APR 25 1934

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. 5900, M<sup>c</sup>Pherson) St. .... Ward)

File No. **7233**  
 Registered No. **2117**

**2. FULL NAME**

Julia Long Palmer  
 (a) Residence No. 5900 McPherson St. 5 Ward.  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Female</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>Widowed</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Edward Palmer</u>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>Oct 13 1859</u>		
<b>7. AGE</b>	<b>YEARS</b> <u>74</u>	<b>MONTHS</b> <u>4</u>
	<b>DAYS</b> <u>15</u>	<b>If LESS than 1 day, hrs. or min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>at Home</u>	
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>	
	<b>10. Date deceased last worked at this occupation (month and year)</b>	
	<b>11. Total time (years) spent in this occupation</b>	

**3 MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 2-28, 1934  
**22. I HEREBY CERTIFY**, That I attended deceased from Dec. 16, 1934, to FEB. 27, 1934  
 I last saw h. ex. alive on 2/27, 1934. Death is said to have occurred on the date stated above, at 120 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Septicemia  
7th rib empyema  
Septicemia  
 Date of onset

Other contributory causes of importance:  
1st rib  
1st rib  
1st rib  
1st rib  
 Name of operation..... Date of.....  
 What test confirmed diagnosis? Clinical 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?**  
 If so, specify.....  
 (Signed) F. W. Knecht, M. D.  
 (Address) 2900 W. U. S. 13

<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>St. Louis</u>
<b>FATHER</b>
<b>13. NAME</b> <u>William H. Long</u>
<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Nova Scotia</u>
<b>MOTHER</b>
<b>15. MAIDEN NAME</b> <u>Mary Wiley</u>
<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Ireland</u>
<b>17. INFORMANT (ADDRESS)</b> <u>Florence R. Palmer</u> <u>5900 McPherson</u>
<b>18. BURIAL, CREMATION, OR REMOVAL PLACE DATE</b> <u>Palmyra, Mo. 2-28-34</u>
<b>19. UNDERTAKER (ADDRESS)</b> <u>Arthur J. Donnelly, 2110</u> <u>2840 Broadway</u>
<b>20. FILED</b> <u>J. H. Redick</u> Registrar.

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.

W. F. Kirsch

1900

Ex. 2657