

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

Do not use this space.

9807

1. PLACE OF DEATH

County New Madrid
Township Jackson
City Jackson (No.)

Registration District No. 55
Primary Registration District No. 4023

File No. 10
Registered No. 1033
St. Ward)

2. FULL NAME

Emily Jane Long
(a) Residence, No. Hartzell, mo. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		

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

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
	<u>X</u>	<u>11</u>	<u>20</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hartzell, mo.

FATHER	13. NAME <u>William Ralph Long</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson, mo.</u>

MOTHER	15. MAIDEN NAME <u>Jewell Parson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holcomb, mo.</u>

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanfield DATE Mar 9 1934

19. UNDERTAKER (ADDRESS)

None

20. FILED Apr 10 1934 M. J. Munn Registrar.

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1934 to Mar 8 1934

I last saw her alive on Mar 5 1934 Death is said to have occurred on the date stated above, at 12:30 m.

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

Bronchopneumonia Date of onset 3-2-34

HHE

Other contributory causes of importance: Rubella 7 2-27-34

107A

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? 220

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) Frank Jones M. D.
(Address) Jackson, mo.

1934 7226
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County New Madrid Registration District No. 55
 Township Seaton Primary Registration District No. 4033
 City Seaton (No.) St. Ward (....)

2. FULL NAME Emily Jane Long
 (a) Residence, No. St. Ward.
 (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.

File No. 10
 Registered No. 1023

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED In fam
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mar 15 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 1933
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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.
 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)

FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 19 Mar 15 1933 Registrar M.D. Munn

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8 1934

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death, and related causes of importance were as follows:

Other contributory causes of importance:
 Date of onset

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?.....
 If so, specify..... (Signed)....., M. D.
 (Address).....

SUPPLEMENTARY

REGISTRATION DISTRICT NO. OF OCCUPATION IS V.C.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED IN B.C. CAUSE NO. 178 IN PLAIN

5- (2) 9807

DEPARTMENT OF COMMERCE

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

BUREAU OF THE CENSUS

New Madrid

WASHINGTON

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9807

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Emily Jane Long
Who died at _____ on Mar 8-1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Where deceased last worked at this occupation: Month _____ Year _____

Place of birth (State or country) _____

Place of father (State or country) _____

Place of mother (State or country) _____

Principal cause of death: Tubercle Measles

Other contributory causes of importance _____

Time of operation _____ Date of _____

Was test confirmed diagnosis? _____ Was there an autopsy? _____

Was death 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.

Character of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar M. J. Munn Date filed Apr 10-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 55

Very truly yours,

Primary Reg. Dist. No. 4033

E. T. McLaugh

Special Agent.

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