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.

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

SEP 20 1934

Do not use this space. 29539

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3958
Township [illegible] — Primary Registration District No. 1002 — Registered No.
City K. C. Mo (No. K. C. General Hosp. St. ..... Ward)

2. FULL NAME Lucille Long
(a) Residence, No. 713-W. 16th 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 Fe — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-6-1930

7. AGE — YEARS 4 — MONTHS 6 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Mo

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

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

17. INFORMANT (ADDRESS) Lawrence Long 713 W. 16th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill Greenlawn DATE 8-25/34

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 918 Brooklyn Ave.

20. FILED 8/25, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/21/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at P m.
The principal cause of death and related causes of importance were as follows:
Atropine Poisoning
178 E
179
Date of onset
Other contributory causes of importance:
W
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/29/34, 19
Where did injury occur? 713 W. 16th Kcm (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Ate Hinkle Pills
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [illegible]