

NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. (No. 1607 Grand Ave.)

File No. 35265
Registered No. 1248 St. _____ Ward _____

2. FULL NAME Mattie Cordelia Long

(a) Residence, No. _____ St. _____ Ward. Shenandoah, Iowa

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 20, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Prairie City, (STATE OR COUNTRY) Illinois

FATHER 13. NAME Daniel K. Long

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Penn

MOTHER 15. MAIDEN NAME Mary E. Lenox

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Penn

17. INFORMANT Elmer L. Long, (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shenandoah, Iowa DATE 10-12- 19 34

19. UNDERTAKER Fleeman Mortuary, Inc. (ADDRESS) St. Joseph, Mo.

20. FILED 10-12, 19 34 John P. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934, to Oct 1, 1934. I last saw him alive on Oct 1, 1934. Death is said to have occurred on the date stated above, at 6:10 P.M. The principal cause of death and related causes of importance were as follows:

Myocardial Infarct
Coronary Arteriosclerosis
Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? Clin 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) Frank J. Hartigan, M. D.
(Address) Residence

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS show state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

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