

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

Do not use this space.

JAN 16 1935

1. PLACE OF DEATH  
County Franklin

Registration District No. 293

File No. 42545

Township Boles

Primary Registration District No. 477

Registered No. \_\_\_\_\_

City Pacific (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Layton. N. 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.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sally. R. Long <sup>1934 12 13</sup> <sub>1932 7 5</sub>

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1934, to Dec 13, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1852 May 8<sup>th</sup>

I last saw him alive on Dec 13, 1934. Death is said to have occurred on the date stated above, at 12:30 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 82 7 5

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

Arteriosclerosis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

97

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation 40

Other contributory causes of importance:

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

13. NAME not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not know

15. MAIDEN NAME not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not know

17. INFORMANT Edward Long (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pacific DATE Dec 15 1934

19. UNDERTAKER John A. Shilbert Sons (ADDRESS) Pacific, Mo.

20. FILED Dec 16 1934 J. E. Cross Registrar.

(Name of operation) \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) W. H. Sember M. D.  
(Address) Pacific Mo.

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

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Date of onset  
Layton N. Long

