

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.

JAN 18 1935

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

Do not use this space.

43742

1. PLACE OF DEATH

County Monroe Registration District No. 571
Township Walter Primary Registration District No. 4335
City California (No.) St. Ward)

File No.
Registered No. 58

2. FULL NAME

Katherine 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 31 - 1854</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>11</u>	DAYS <u>28</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	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. <u>10</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wis</u>				
FATHER	13. NAME <u>Jacob Heugy</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>				
MOTHER	15. MAIDEN NAME <u>Catherine Wehleriff</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>			
17. INFORMANT <u>Miss Eva Heugy</u> (ADDRESS) <u>California Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Holder mo</u> PLACE <u>Holder Cem</u> DATE <u>12/28</u> 19 <u>34</u>				
19. UNDERTAKER <u>Wilhelm & Fried Meyer</u> (ADDRESS) <u>California Mo</u>				
20. FILED <u>12-29-34</u> <u>NR Popejoy</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1928 to Dec 28 1934
I last saw him alive on Dec 25 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Obliterating Angiitis -
Accelerating in Cerebral
Arteries
29/34
32/34
Other contributory causes of importance: 10
SM

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) J. R. ... M. D.
(Address) California Mo

