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.

FEB 25 1935

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

Do not use this space.

5103

41

1. PLACE OF DEATH
County Harrison — Registration District No. 335 — File No. 3
Township Clay — Primary Registration District No. 5470 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Margaret DeLong
(a) Residence, No. Harrison Co Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 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: wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-24-1841

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
93	1	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) 5-12-1932
11. Total time (years) spent in this occupation

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boon County Indiana

FATHER
13. NAME Samuel Downey
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Martha Evans
2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) J. R. F. DeLong

18. BURIAL, CREMATION, OR REMOVAL
PLACE Andover DATE 2-8- 1935

19. UNDERTAKER (ADDRESS) J. Evan Johnson Caineville Mo.

20. FILED 2/8 1935 L. J. Coster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1935, to Feb. 7, 1935
I last saw her alive on Feb. 6, 1935. Death is said to have occurred on the date stated above, at 12 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Passive Congestion of Lungs. Caused by weak & dilating heart	Feb. 5 1935

95 B 3

Other contributory causes of importance:
Debility of age

Name of operation X Date of X
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) S. W. DeLong, M. D.
(Address) Tingley Iowa