

MAY 29 1935

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

Do not use this space.

13366

1. PLACE OF DEATH

County Laclede Registration District No. 449  
Township Washington Primary Registration District No. 5612  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Charley H. 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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Newson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 28 1876</u>				
7. AGE YEARS <u>65</u>	MONTHS <u>1</u>	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2, 1935  
22. I HEREBY CERTIFY, That I attended deceased from 11/1/35 19   to 4/2/35 19    
I last saw h. \_\_\_\_\_ alive on 4/2/35 19  . Death is said to have occurred on the date stated above, at 4:35 a.m.

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

Chronic Myocarditis Date of onset \_\_\_\_\_

930  
Other contributory causes of importance:

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laclede, Mo</u>	
	13. NAME <u>George Long</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wentzville</u>	
	15. MAIDEN NAME <u>Elzvie Sparks</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wright, Mo</u>	
	17. INFORMANT <u>James H. Long</u> (ADDRESS) <u>1115 S. 1st St. E. of Hwy</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>Funeral Home</u> PLACE <u>Lanesboro Hill</u> DATE <u>4-10</u> 19 <u>35</u>		
19. UNDERTAKER <u>Halman Stewart</u> (ADDRESS) <u>Lebanon Mo</u>		
FILED	<u>7/3</u>	19 <u>35</u> <u>J. A. McCoub</u> Registrar.

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 J. A. McCoub M. D.  
(Signed) Lebanon Mo  
(Address)

All 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.

