

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

Do not use this space.

JUL 23 1935

20119

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
 Township _____ Primary Registration District No. 2002 Registered No. _____
 City Joplin (No. 2028) St. _____ Ward _____

2. FULL NAME

Lionel Roy Longstreet
 (a) Residence, No. 2028 Bird 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 - 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 5 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. child
 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) (STATE OR COUNTRY) Joplin

MOTHER 13. NAME Rae Longstreet

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin

MOTHER 15. MAIDEN NAME Fay Evelyn Winters

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence

17. INFORMANT (ADDRESS) Rae Longstreet

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist Church DATE 6/15/35

19. UNDERTAKER (ADDRESS) Joplin

20. FILED 6-18-35 Ed James Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 - 1935

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1935 to June 14, 1935.
 (last saw him) (last saw her) (last saw her) Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Enlarged lymph glands (Stated by pathologist)
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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. J. Pagan, M. D.
 (Address) _____

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

