

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

Do not use this space.

OCT 17 1935

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Precinct Registration District No. 2001
City Springfield (Name) 940 S. Pickwick St. 265 Ward)

2. FULL NAME

(a) Residence, No. 940 S. Pickwick St., 265 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.

22724

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Jessie J Long</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 10 - 1878</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>6</u>
	DAYS <u>26</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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield Mo</u>		
MOTHER / FATHER	13. NAME <u>John Long</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Mary Campbell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Meredith Long</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Springfield Mo</u> <u>Graveside July 7</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>James Meyer</u>		
20. FILED <u>7-7-35</u> 19 <u>35</u> <u>R. W. Dugston</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to July 1935.
I last saw him alive on July 5 1935. Death is said to have occurred on the date stated above, at 3:18 p.m.
The principal cause of death and related causes of importance were as follows:
Cancer Prostate
Date of onset 1932

Other contributory causes of importance:
None

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? W
If so, specify.....
(Signed) J. J. Dyer M. D.
(Address) 623 Woodruff

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

