

SEP 19 1935

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

Do not use this space.

25815

1. PLACE OF DEATH

County Cape Girardeau  
Township \_\_\_\_\_  
City Cape Girardeau, Mo. (No. S.E.M. Hospital)

Registration District No. 125  
Primary Registration District No. 3009

File No. \_\_\_\_\_  
Registered No. 247  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Mo. H. C. DeLong St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) Daisy, Mo. (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>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>Mrs. Stella DeLong</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 10 - 1870</u>		
7. AGE YEARS <u>64 years</u>	MONTHS <u>10</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year) <u>May 1935</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/27, 1935, to 8/28, 1935.  
I last saw him alive on 8/28, 1935. Death is said to have occurred on the date stated above, at 11 a.m.  
The principal cause of death and related causes of importance were as follows:  
Decomposition

Date of onset \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_

Name of operation Explor Date of 8/28/35  
What test confirmed diagnosis? Lab Was there an autopsy? Yes

MOTHER	13. NAME <u>Ben DeLong</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Livingston, Mo.</u>
FATHER	15. MAIDEN NAME <u>Jennie Cates</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Daisy, Mo.</u>
17. INFORMANT (ADDRESS) <u>Jacy DeLong - Daisy, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE <u>8/30</u> , 19 <u>35</u>	
19. UNDERTAKER (ADDRESS) <u>M. C. Cantel Jackson, Mo.</u>	
20. FILED <u>8/28 1935 J. M. Thompson Registrar</u>	

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. DeLong M. D.  
(Address) Cape Girardeau, Mo.

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.

