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

FEB 19 1936

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

Do not use this space.

1016

1. PLACE OF DEATH
County Harrison Registration District No. 334
Township Primary Registration District No. 4197
City Bethany (No. , St. Ward)

File No.
Registered No. 5

2. FULL NAME Earnest A. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Veta Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27 1891

7. AGE: Years 44 Months 2 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mason & Carpenter
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) Bethany Mo

FATHER
13. NAME Jasper Long.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo

MOTHER
15. MAIDEN NAME Hattie Wheeler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo

17. INFORMANT (ADDRESS) Fred Long Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mirian Cemetery DATE Jan 31, 1936

19. UNDERTAKER (ADDRESS) Joe E. Whitaker Bethany Mo

20. FILED Jan 31, 1936 A. L. Wessling Registrar.

Jan. 31, 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29, 1936

I HEREBY CERTIFY, That I attended deceased from Jan 29, 1936, to Jan 29, 1936
I last saw h. alive on Jan 29, 1936. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Heart Failure
Myocarditis, Chronic

Date of onset

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? 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) C. G. Reid M. D.
(Address) Bethany Mo