JAN 30 1936

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

Do not use this space.

1466

File No. ....
Registered No. ....

1. PLACE OF DEATH

County JACKSON Registration District No. 399

Township KAW Primary Registration District No. 1002

City KANSAS CITY (No. 2620; ELMWOOD St. ..... Ward)

2. FULL NAME DR ALBERT A LONG

(a) Residence, No. 2620 ELMWOOD St., ... Ward. ST. JOSEPH MISSOURI
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. CORA LONG

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT-16-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PHYSICIAN

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) MERCER COUNTY (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME Unk LONG

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unk POWERS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT MRS. CORA LONG (ADDRESS) 2620 ELMWOOD AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 1-21-1936

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 1-21-1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1935, to Jan 19, 1936

I last saw ~~him~~ alive on Jan 19, 1936 Death is said to have occurred on the date stated above, at 6:30 P.m.

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

Sarcoma of left upper extremity of femur — Date of onset 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? NO

If so, specify .....

(Signed) H. S. Powell, M. D.

(Address) 424 Argyle Bldg

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.

1 M-3-26-35

Powell & Laws
424 Argyle Bldg
9-2:30