

MAR 20 1936

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

Do not use this space.

6515

1. PLACE OF DEATH

County Johnson
Township Madison
City Holden (No. _____)

Registration District No. 427
Primary Registration District No. 4253

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

James Pleasant Long
(a) Residence No. Holden, Mo. St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Elizabeth Hogan Long</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 11 - 1855</u> | | |
| 7. AGE | YEARS <u>80</u> | MONTHS <u>6</u> |
| | DAYS <u>11</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u> | |
| | 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>Alabama</u> | | |
| FATHER | 13. NAME <u>Hardin Long</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u> | |
| MOTHER | 15. MAIDEN NAME <u>Amanda M^o Farland</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u> | |
| 17. INFORMANT (ADDRESS) <u>Mrs Henry Farnsworth Holden Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Holden Cemetery</u> DATE <u>Feb 25</u> 19 <u>36</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>M J Jordan Holden Mo</u> | | |
| 20. FILED <u>Feb. 24, 1936</u> <u>S. A. Murray, M.D.</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1936, to Feb. 23, 1936
I last saw him alive on Feb. 23, 1936. Death is said to have occurred on the date stated above, at S. H. S. A.
The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis Date of onset 1934

Other contributory causes of importance:
Embolism of Lung Feb. 19, 1936

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical (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? _____
If so, specify _____ (Signed) S. A. Murray, M. D.
(Address) Holden, Mo.

