

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

Do not use this space.

MAR 26 1936

1. PLACE OF DEATH

County North
Township Union
City _____ (No. _____, St. _____ Ward _____)

Registration District No. 904
Primary Registration District No. 4546

File No. 9045

Registered No. _____

2. FULL NAME

(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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Johnathan Simmons</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 2 - 1855</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>1</u>
	DAYS <u>4</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>Housewife</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)
Jewa

13. NAME
Wm Long

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

15. MAIDEN NAME
Cagle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
S. Carolina

17. INFORMANT (ADDRESS)
Newton Long, Bardswood

18. BURIAL, CREMATION, OR REMOVAL PLACE
Leadona DATE
Feb. 12 1936

19. UNDERTAKER (ADDRESS)
Newton Long, Bardswood Mo.

20. FILED Feb. 15, 1936 Mrs. O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1936 to Feb 6, 1936
I last saw her alive on Feb 6, 1936. 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:

mitral insufficiency Date of onset _____
990
Other contributory causes of importance:
General Breakdown

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? no
If so, specify _____ (Signed) Al Long, M. D.
(Address) Sherridan

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.

