

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.

SMITH

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

Do not use this space.

MAY 28 1936

18301

1. PLACE OF DEATH

County VERNON Registration District No. 871  
Township METZ Primary Registration District No. 6104  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 7

2. FULL NAME

WILLIAM MANUS LONGABAUGH

(a) Residence, No. RFD<sup>2</sup> RICH HILL 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 EVALYN LONGABAUGH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1860

7. AGE YEARS 75 MONTHS 7 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) APRIL 1936 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HARDIN CO. OHIO

13. NAME JOSEPH LONGABAUGH

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

15. MAIDEN NAME ELIZA SPITZER

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

17. INFORMANT (ADDRESS) THOMAS LONGABAUGH METZ MO

18. BURIAL, CREMATION, OR REMOVAL PLACE PRYOR CREEK DATE APR 3 1936

19. UNDERTAKER (ADDRESS) BOOTH'S Rich Hill, Mo

20. FILED Apr 4 1936 C. H. Musser, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 2 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 1936 to April 1 1936  
I last saw him alive on April 1 1936 Death is said to have occurred on the date stated above, at 8:25 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 4/1/36

Other contributory causes of importance: Hypertension

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?  
If so, specify \_\_\_\_\_ (Signed) Reginald Smith M. D.  
Rich Hill, Mo. (Address)

