

JUN 24 1936

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

Do not use this space.

20243

1. PLACE OF DEATH

County Ozark Registration District No. 647
Township Bayou Primary Registration District No. J-857
City Bakersfield, Missouri (No.) St. Ward)

File No.
Registered No.

2. FULL NAME Emily F. 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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>fe</u>	4. COLOR OR RACE <u>wht</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>WIDOWED</u> (Use the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Jno. A. Long</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 1st., 1850</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>2</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) <u>St. Francois, Arkansas</u> (STATE OR COUNTRY)		

FATHER	13. NAME <u>A. J. Wicker,</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Tennessee</u> (STATE OR COUNTRY)

MOTHER	15. MAIDEN NAME <u>Martha Cruse</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Kentucky</u> (STATE OR COUNTRY)

17. INFORMANT Mrs. J. S. Wiles
(ADDRESS) Pryor, Okla.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fowler DATE 5-6, 1936

19. UNDERTAKER Robertson's Mortuary
(ADDRESS) West Plains, Missouri

20. FILED May 6, 1936 CA Beach
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5th., 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936, to May 4, 1936

I last saw her alive on May 4, 1936 Death is said to have occurred on the date stated above, at 8:00A m.

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

Aortic insufficiency

Date of onset Unknown

Other contributory causes of importance:

Old Age and Debility

Name of operation None 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?

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) Deborah Doan, M. D.

(Address) Bakersfield, Missouri.

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.

