

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

Do not use this space.

AUG 20 1936

26390

1. PLACE OF DEATH Howard. Registration District No. 378
 County Howard. Primary Registration District No. 4222
 Township Fayette, (No. _____) St. _____ Ward _____
 City Fayette, (No. _____) St. _____ Ward _____

2. FULL NAME Ella Street.
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female	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 Leonard Street.				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/11th 1868				
7. AGE YEARS 68	MONTHS 3	DAYS 6	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home			
	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) Missouri				
FATHER	13. NAME James Milton Long.			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
MOTHER	15. MAIDEN NAME Mary E. March.			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.			
17. INFORMANT (ADDRESS) Leonard Street. Fayette. Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Ridge DATE 7/18th 1936.				
19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette Mo.				
20. FILED aug. 8 1936 V. C. Bonham Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/7th 1936**

22. I HEREBY CERTIFY, That I attended deceased from **front-15**, 1936 to **7-17**, 1936
 I last saw him alive on **7-12**, 1936. Death is said to have occurred on the date stated above, at **4 A. m.**
 The principal cause of death and related causes of importance were as follows:
Heart stroke. Date of onset **7-15-36**

Other contributory causes of importance: **none**

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Exam.** 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? **no**
 If so, specify _____
 (Signed) **J. L. Richard**, M. D.
 (Address) **Fayette Mo**

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.

