

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.

SEP 29 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32206

1. PLACE OF DEATH
 County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City Marion (No. 110) St. _____ Ward _____

2. FULL NAME Ed. J. Longworth
 (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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/3/1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 8 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
 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) St. Louis Mo

FATHER
 13. NAME Wm Longworth
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER
 15. MAIDEN NAME Jessie Patterson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) E. J. Longworth
527 E. Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Kenon M.E. Cem. DATE 8/18/36

19. UNDERTAKER (ADDRESS) Kenneth H. Koch
Fenton, Mo

20. FILED 8-17- 1936 Basile & Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/17/36

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1932, to August 17, 1936
 I last saw him alive on August 16, 1936. Death is said to have occurred on the date stated above, at 6:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Bilateral Bronchopneumonia
Arteriosclerosis
Hypertension
Chronic myocarditis x
Heart exhaustion
 Other contributory causes of importance:
Senile changes

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: no
 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 wound
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) B. P. Loving, M. D.
 (Address) B. P. Loving, Mo.

