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.

100M-3-28-39

X

OCT 21 1936

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

Do not use this space.

36382

File No.

Registered No. 38

1. PLACE OF DEATH
County: Salem Eighth District
Township: East Point
City: Sunset Springs (No. , St. Ward)
Registration District No. 801
Primary Registration District No. 1044

2. FULL NAME: Olive Lisman 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 yrs. mos. 6 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): Divorced

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) WIFE OF: Edith Long

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 9 1880

7. AGE: Years 56 Months 5 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General
10. Date deceased last worked at this occupation (month and year): 1924
11. Total time (years) spent in this occupation: 20 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry Co Mo

FATHER
13. NAME: Jas. M. Long
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER
15. MAIDEN NAME: Sarah Allen Holling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): J. Frank Whitlite Webb City, Mo

18. BURIAL, CREMATION, OR ~~REMOVAL~~
PLACE: Webb City Mo DATE: Sept 7 1936

19. UNDERTAKER (ADDRESS): R C Carter Sunset Springs Mo

20. FILED: Sept 6 1936 Rose C Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936, to Sept 6 1936.
I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Cerebral Embolism — Date of onset

Other contributory causes of importance:
Exhaustion

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? Yes

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) C. L. Lawless Coroner M. D.
(Address) Marshall Mo.