FEB 16 1937

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

Do not use this space.

466

File No.

Registered No. 23

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

Township

Primary Registration District No. 3009

City Cape Girardeau (No. 1200 North Fountain St. Ward)

2. FULL NAME Beulah Stone Long

(a) Residence, No. 1200 North Fountain 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1900

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
36	9	8	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

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) Perry County, Mo.

FATHER

13. NAME Robert Stone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County, Mo.

MOTHER

15. MAIDEN NAME Elizabeth Wations

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County, Mo.

17. INFORMANT Walter Long
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont Cemt. DATE Jan. 25, 1937

19. UNDERTAKER Haman's Funeral Home
(ADDRESS) Cape Girardeau, Mo.

20. FILED 1-23, 1937 Jim C. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to Jan. 23, 1937.

I last saw h. alive on 1-23, 1937. Death is said to have occurred on the date stated above, at 1:30 P.m.

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

	Date of onset
Carcinoma (mesenteric)	4 yrs
with	
Terminal bronchial	
Pneumonia	2 days

Other contributory causes of importance:

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? No

If so, specify

(Signed) A R Seabaugh M. D.

(Address) Jackson, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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