

MAR 20 1937

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

Do not use this space.

## 1. PLACE OF DEATH

 County Jackson  
 Township Blue  
 City Independence

 Registration District No. 398  
 Primary Registration District No. 2019

 File No. 6166  
 Registered No. 76  
 St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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.

Mattie J. Long  
816 1/2 1st Ward Independence Mo

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FM</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W.D. Long</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 2 1880</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>6</u>
	DAYS <u>22</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blue Springs Mo</u>		
FATHER	13. NAME <u>P. B. Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
MOTHER	15. MAIDEN NAME <u>Mattie Stator</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Mattie Johnson</u> <u>Blue Springs Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodland Independence Mo</u>	DATE <u>2-27-37</u>	
19. UNDERTAKER (ADDRESS) <u>R. Smith</u> <u>Blue Springs Mo</u>		
20. FILED <u>3-1-1937</u>	<u>F. L. Cook</u>	Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb-24 1937</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 16 1937, to Feb 24 1937</u>
I last saw <u>her</u> alive on <u>Feb 24</u> , 19 <u>37</u> . 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: <u>Lobar pneumonia</u>
Date of onset <u>2-16-37</u>
Other contributory causes of importance: <u>Influenza</u>
Name of operation <u>none</u>
Date of.....
What test confirmed diagnosis? <u>Clinical</u>
Was there an autopsy? <u>no</u>
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? <u>no</u>
If so, specify.....
(Signed) <u>Left Allen</u> , M. D.
(Address) <u>Independence, Mo</u>

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.

