

MAY 27 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16753

1. PLACE OF DEATH

County Knox Registration District No. 1029 File No. 137
Township Shelton Primary Registration District No. 3602 Registered No. 137
City Novelty (No. _____) St. _____ Ward _____

2. FULL NAME

Calvin Hanger Longlass

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-6-1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
64 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Novelty Mo.

13. NAME John Longlass

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Mo.

15. MAIDEN NAME Susan Judson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Novelty Mo.

17. INFORMANT (ADDRESS) Arthur Longlass Novelty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Put Carmel DATE 4-4-1937

19. UNDERTAKER (ADDRESS) Keith Hudson Edna Mo.

20. FILED May 10 1937 M. C. Howerton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1937 to 4-7, 1937

I last saw him alive on 4-7, 1937. Death is said

to have occurred on the date stated above, at 8:00 A. M.

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

Myocarditis - angina pectoris (clinical) Date of onset Feb 1936

Coronary occlusion 4-2-37

Other contributory causes of importance: None

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) Fredrick L. Schmitt M.D.

(Address) Edna, Mo.

