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

Do not use this space.

JUL 8 - 1937

791

1003

File No. 21877

Registered No. 5629

1. PLACE OF DEATH

County .....

Registration District No. .....

Township .....

Primary Registration District No. .....

City St Louis (No. City Hosp. #1 St. ..... Ward)

2. FULL NAME Nettie Long

(a) Residence, No. 3008 McNair Ave St., 24 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 F

4. COLOR OR RACE N.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11-1887

7. AGE: YEARS 50 MONTHS — DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) Hillsboro Mo.

FATHER

13. NAME Buss. Marsden

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

MOTHER

15. MAIDEN NAME Maria Strickland

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

17. INFORMANT (ADDRESS) Mrs Bernice Canterbury 3008 McNair Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsboro Cemetery DATE June 8th 1937

19. UNDERTAKER (ADDRESS) Heilig-Tad Funeral Home Kimmswick Mo

20. FILED JUN 8 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 16-30 a.m.

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

	Date of onset
Apoplexy	
Purpura Hemorrhagica (Idiopathic)	

Other contributory causes of importance: 72a

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? No

If so, specify .....

(Signed) Joseph M. Lyons, M.D.

(Address) Deputy Coroner

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.