

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

Do not use this space.

AUG 11 1937

26342

1. PLACE OF DEATH

County Jackson | Registration District No. 399
 Townshp. Haw | Primary Registration District No. 1002
 City Hannibal City | 3624 E. 16th Ave St. 2nd Ward

File No. 3055
 Registered No. 3055

2. FULL NAME

Francis A Long
 (a) Residence, No. 5624 E. 16th Ave Ward. _____
 (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 Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 - 1893

7. AGE YEARS 43 MONTHS 7 DAYS 9 If LESS than 1 day, hrs. or min.

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

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) Missouri

13. NAME J. Farmington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Loise Burnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT M. W. Long (ADDRESS) 5624 E. 16th Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE July 20, 1937

19. UNDERTAKER Mrs. E. L. Foster (ADDRESS) 212 1/2 Bank

20. FILED July 18 1937 M. M. Kerome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 - 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15 - 1937 to July 18 - 1937. I last saw him alive on July 18 - 1937. Death is said to have occurred on the date stated above, at 1:20 A.

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

General exhaustion and sepsis.

50

Other contributory causes of importance: Carbuncle P. meningitis gland. with general infiltration.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cultural 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 3 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) Earl Van Foss, M. D.
 (Address) 2916 Zushitts

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.

