

DEC 15 1937

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

Do not use this space.

40943

## 1. PLACE OF DEATH

County Cass  
Township Raymore  
City Raymore (No. ....)

Registration District No. 158  
Primary Registration District No. 52.23

File No. 30  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

Samuel E. Long

(a) Residence, No. .... 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</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>Mina M. Long</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15, 1882</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>5</u>	DAYS <u>11</u>
		IF LESS than 1 day, ..... hrs. or ..... min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1937  
22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937, to Nov 26, 1937.  
I last saw him... alive on Nov 26, 1937. Death is said to have occurred on the date stated above, at 9 A. m.  
The principal cause of death and related causes of importance were as follows:

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....	

Shot  
Self inflicted  
in the home  
wounded in left chest  
under the waist  
Other contributory causes of importance:  
Dementic preex

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Independence Va

13. NAME  
L. D. Long

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

15. MAIDEN NAME  
Elizabeth Pugh

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

17. INFORMANT  
(ADDRESS)  
Mrs Sam Long  
Raymore, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Raymore Mo DATE 11/28, 1937

19. UNDERTAKER  
(ADDRESS)  
E. K. Seaman & Sons  
Bella Mo

20. FILED 11-27, 1937 R. M. Miller  
Registrar.

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? suicide. Date of injury Nov 25, 1937  
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 Self by gunshot  
Nature of injury .....

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

(Signed) W. T. Chaffin, M. D.  
(Address) Raymore Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

19

