JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 44177
Township Kaw — Primary Registration District No. 1002 — Registered No. 5080
City Kansas City, Mo. (No. St. Josephs Hosp. St. Ward)

2. FULL NAME Ruth Dora Long
(a) Residence, No. 6800 Indep. Ave. 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

3. SEX: Female
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: William Long

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7/2/~~1894~~ 1904

7. AGE: YEARS 33 — MONTHS 5 — DAYS 13 — If LESS than 1 day, hrs. or min.

OCCUPATION
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.: 23
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): No record 31

FATHER
13. NAME Ank Finton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record 31

MOTHER
15. MAIDEN NAME: Mary Brisco
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record 31

17. INFORMANT (ADDRESS): Wm Long, 6800 Indep. Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE 12/20/37 Mt Washington DATE 12/18/37 19

19. UNDERTAKER (ADDRESS): Sheil Funeral Home, 6606 Indep. Ave.

20. FILED Dec 17 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-7, 1937, to 12-15, 1937
I last saw her alive on 12-15, 1937. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction
Hyperstatic Pneumonia
54B

Date of onset

Other contributory causes of importance:
Fibroid Uterus

Name of operation Hysterotomy Date of 12-8-37
What test confirmed diagnosis? Lobster 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?
If so, specify
(Signed) Clarence A. McGuire M.D.
(Address) 1424 Prof Bldg McGuire

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.