

JAN 21 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space

46340

367

367

668

1. PLACE OF DEATH

County Pitts
 Township Longwood
 City Longwood (No. Longwood)

Registration District No. 668
 Primary Registration District No. 668

File No. 367
 Registered No. 668
 St. Longwood Ward Longwood

2. FULL NAME

(a) Residence, No. Longwood St. Longwood Ward Longwood
 (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 M 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
inf 1876

OCCUPATION

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

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgetown Pitts ms

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Harman Taylor
 (ADDRESS) Longwood ms

18. BURIAL, CREMATION, OR REMOVAL

PLACE Longwood ms DATE Dec 20 1937

19. UNDERTAKER F. D. Johnson
 (ADDRESS) 117 E Johnson St

20. FILED 12-20-1937 John Slack
 Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from as coroner's case only, 19...

I last saw h. alive on Dec 18, 19... Death is said

to have occurred on the date stated above, at 2:10 p.m.

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

Cerebral haemorrhage

Date of onset

Other contributory causes of importance:

arteriosclerosis

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 19...

Where did injury occur? None

(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 @ Gordon & Daugherty M. D.

(Signed) Coroner Pitts Co

(Address) Longwood Pitts Co

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

