REC'D MAR 14 1938

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

Do not use this space.

File No. 5652

Registered No. 718

1. PLACE OF DEATH

County: Jackson — Registration District No. 395

Township: Kaw — Primary Registration District No. 1002

City: Kansas City (No. 3510 East 25th Street St. Ward)

2. FULL NAME Adelaide Elizabeth De Long 452

(a) Residence, No. 3510 East 25th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. De Long

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 4, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	80	4	6	

OCCUPATION

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

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) Canada

FATHER

13. NAME Henry Glover

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

MOTHER

15. MAIDEN NAME Adelaide

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

17. INFORMANT James W. De Long
(ADDRESS) 3510 East 25th St., Kansas Cy., Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Woodlawn Cemetery
PLACE Independence, Mo DATE Feb. 12, 1938

19. UNDERTAKER Stine & McClure
(ADDRESS) Kansas City, Missouri

20. FILED 2-12 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937 to Feb 10, 1938

I last saw h. alive on Feb 10, 1938. Death is said to have occurred on the date stated above, at ...m.

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

	Date of onset
Coronary Occlusion	
4 B	
Other contributory causes of importance: Hypertension, Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Clinical 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas A. Lynn M.D.

(Address) 21 Westwood Blvd.

F. Lynn

We 3020
1 o'clock