

REC'D MAR 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County LewisRegistration District No. 5477File No. 7265Township DyersburgPrimary Registration District No. 5646Registered No. 11City County Home (No.) St. Ward)2. FULL NAME Mrs. Virgie 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

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widow

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

Corsey Long

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

Feb 9-1860

7. AGE

78

YEARS

MONTHS

DAYS

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.

—

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation all life

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

Kentucky

FATHER

13. NAME

Edward Wilson

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

Burgin Kentucky

MOTHER

15. MAIDEN NAME

Susan Turner

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

Kentucky

17. INFORMANT (ADDRESS)

Mrs. Mildred White
First City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Taballe cemetery DATE 2/26

19. UNDERTAKER (ADDRESS)

Bertie B. Baskett
Waconda Mo

20. FILED

Feb 26 1938 H. W. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 24 - 1938

22. HEREBY CERTIFY, That I attended deceased from

June 1937, to Feb 24 1938I last saw her alive on Feb 20 1938. Death is said to have occurred on the date stated above, at 9:30 P. m.

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

Carcinoma of intestine Date of onset —

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? biopsy Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where 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? no

If so, specify

(Signed) J. D. Hollander(Address) Clinton Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

