

REC'D JUN 17 1938

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

Do not use this space.

19181

1. PLACE OF DEATH

County Pettis Registration District No. 668 File No. 169
Township _____ Primary Registration District No. 2032 Registered No. _____
City Sedalia (No. _____) St. _____ Ward _____

2. FULL NAME

Infant son of Edward Longwith 573
(a) Residence, No. 201 E Walnut 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24, 1938</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
	<u>0</u>	<u>0</u>	<u>0</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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) <u>Sedalia, Mo.</u>				
FATHER	13. NAME <u>Edward Longwith</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seagraves, Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Bessie Morris</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seagraves, Missouri</u>			
17. INFORMANT <u>J. C. Morris</u> (ADDRESS) <u>201 E Walnut Sedalia, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seagraves, Mo.</u> DATE <u>5/25</u> 19 <u>38</u>				
19. UNDERTAKER <u>Mrs. Laughlin Bros.</u> (ADDRESS) <u>Sedalia, Mo.</u>				
20. FILED <u>5-24-38</u> 19 <u>38</u> <u>John Slack</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, May 24, 1938, 1938.
I last saw him alive on Stillborn, 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:
Still born with at seven months gestation! Date of onset _____
Other contributory causes of importance: Agonal, Pulses

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938.
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Premature birth of
Manner of injury by blood hick
Nature of injury 1 child

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) B. B. Foster, M. D.
(Address) Sedalia, 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.

