

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

Do not use this space.

REC'D OCT 24 1938

32603

1. PLACE OF DEATH

55
2
6

County Lewrence Registration District No. 468
Township _____ Primary Registration District No. 4281
City Meriawille (No. _____) St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1938

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

22. I HEREBY CERTIFY THAT I attended deceased from Sept. 10. 1938 to Sept 11. 1938
I last saw her alive on Sept. 10. 1938 Death is said to have occurred on the date stated above, at 6 A. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1854

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

7. AGE YEARS 84 MONTHS 7 DAYS 27 If LESS than 1 day, hrs. or min.

Chronic glomerular nephritis Date of onset

8. Trade, profession, or particular kind of work done, as splaner, 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

Other contributory causes of importance: Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit, Mich. 1

13. NAME R. W. Smith 9

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 9

15. MAIDEN NAME Ella Robertson

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT W. R. Long
(ADDRESS) Meriawille, Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Meriawille DATE Sept. 13, 1938

19. UNDERTAKER Bufford Funeral Home
(ADDRESS) Meriawille, Mo.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Wayne M. Weaver M. D.
Marionville, Mo. 3

20. FILED Sept. 15 1938 Laura O'Connady 419 (Address) _____
Registrar.

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

RECEIVED

District Health Officer No. 6,

District file no. 6-38-298

Date filed 10/7/38