

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.

APR 18 1939

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

Do not use this space.

10424

1. PLACE OF DEATH

County *Cass*  
Township  
City *Daugherty*

Registration District No. *152*  
Primary Registration District No. *5216*

File No.  
Registered No.  
St. Ward

2. FULL NAME

*Laura Ann Long*

(a) Residence, No. *Daugherty mo* St. Ward.

Length of residence in city or town where death occurred *18* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*  
4. COLOR OR RACE *White*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *James Powell Long*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 4 - 1861*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*78 0 15*

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Macon County mo*

13. NAME *Samuel E. Beaman*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

15. MAIDEN NAME *Jennie Steen*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

17. INFORMANT (ADDRESS) *Douglas E. Long 530 S Jackson St. Co. mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Pheasant Ridge* DATE *Mar. 21, 1939*

19. UNDERTAKER (ADDRESS) *Atkinson Bros. Harrisonville mo*

20. FILED *3-21* 1939 *E. H. Stonestrey Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 19 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 15 1939* to *March 19 1939*  
I last saw her alive on *March 19 1939* Death is said to have occurred on the date stated above, at *2:00 P. m.*

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

*Angina Pectoris*  
*Arterial Sclerosis*

Other contributory causes of importance: *94'*

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..... 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) *J. M. Smith*  
(Address) *Harrisonville mo*

