

APR 25 1939

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

Do not use this space.

11916

1. PLACE OF DEATH

County Polk

Registration District No. 684

File No. _____

Township Lawrence

Primary Registration District No. 4408

Registered No. 7

City Bowling Green

St. _____ Ward _____

2. FULL NAME

Minnie Frances 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female

4. COLOR OR RACE white

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 3/3 1939, to 3/5 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18 1892

I last saw him alive on 3/5 1939. Death is said to have occurred on the date stated above, at 5 P m.

7. AGE YEARS 46 MONTHS 6 DAYS 20

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

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

Pneumonia Bronchial Date of onset 2/17/39

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 contributor causes of importance: Influenza 1/2 2/15/39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co Mo

13. NAME Fred Kerney

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

15. MAIDEN NAME Caroline Roegner

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

17. INFORMANT Dr. C. R. Long

18. BURIAL, CREMATION, OR REMOVAL W.H. ... DATE 4 8 1939

19. UNDERTAKER Grace Bonthead

20. FILED 4-15 1939 O. W. Summer Registrar

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? NO

If so, specify _____

(Signed) J. H. Arthurs M. D.

(Address) Bowling Green 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-659

Date Filed APR 13 1939