MAY 28 1929

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

Do not use this space. 18688

1. PLACE OF DEATH
County Linn
Registration District No. 497
File No. 123
Township
Primary Registration District No. 4300
Registered No. 123
City Browning (No. ... St., ... Ward)

2. FULL NAME Lewis 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 21 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: M — 4. COLOR OR RACE: W. — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married	16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1929
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Lewis Long.	17. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1928, to May 7, 1929, that I last saw h... alive on May 7, 1929, and that death occurred, on the date stated above, at 9:15 P.m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20, 1839	THE CAUSE OF DEATH* WAS AS FOLLOWS:
7. AGE: Years 89, Months 4, Days 18. If LESS than 1 day, ... hrs. or ... min.	Carcinoma of Pancreas (duration) 1 yrs. or more mos. ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Farmer. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	CONTRIBUTORY (SECONDARY) Inanition (duration) ... yrs. 9 mos. ds.
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
PARENTS 10. NAME OF FATHER Jacob Long.	DID AN OPERATION PRECEDE DEATH? ... DATE OF
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Canada.	WAS THERE AN AUTOPSY?
12. MAIDEN NAME OF MOTHER [illegible]	WHAT TEST CONFIRMED DIAGNOSIS? Clinical
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pa.	(Signed) M. L. Haning, M.D. 5/8, 1929 (Address) Browning, Mo.
14. INFORMANT H. L. Long. (Address) Browning, Mo.	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
15. FILED 5-9, 1929 McGreevor REGISTRAR	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Browning. — DATE OF BURIAL: May 9 1929
	20. UNDERTAKER: L. W. Hummel — ADDRESS: Brow. 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.