

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 25 1934

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

Do not use this space.

9018

121E

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kan Primary Registration District No. 1002  
 City Kansas City (No. Menorah Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

2. FULL NAME Robert Alexander Long  
 (a) Residence, No. 3218 Gladstone Boulevard 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) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ella M. Long</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 17, 1850</u>				
7. AGE	YEARS <u>83</u>	MONTHS <u>2</u>	DAYS <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lumber</u>			
	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>Near Shelbyville, Kentucky</u>				
FATHER	13. NAME <u>Samuel M. Long</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
MOTHER	15. MAIDEN NAME <u>Margaret K. White</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT (ADDRESS) <u>R. P. Cozad, 809 N. Long Blvd.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Mar. 19, 1934</u>				
19. UNDERTAKER (ADDRESS) <u>Stine &amp; McBlair, 3275 Hillman Blvd.</u>				
20. FILED <u>3-17</u> 19 <u>34</u> <u>m m Crowe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 15, 1934</u>
22. I HEREBY CERTIFY, That I attended deceased from _____, 19 <u>19</u> , to <u>March 15</u> , 19 <u>34</u> I last saw him alive on <u>March 15</u> , 19 <u>34</u> Death is said to have occurred on the date stated above, at <u>6:28 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Ulcery intestinal obstruction</u> <u>(bands)</u> <u>Pelvic Carcinoma - metastatic from Prostate</u> Other contributory causes of importance: _____ <u>51</u> Name of operation <u>Abdominal</u> 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) <u>A. Sophus</u> , M. D. (Address) <u>1405 Bryant</u>

