

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

12115

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KanPrimary Registration District No. 1002City Kansas City(No. Menorah Hospital)

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

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

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Robert Alexander Long

(a) Residence, No. \_\_\_\_\_

3218 Gladstone Boulevard

(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

Male

## 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 OFElla M. Long

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec. 17, 1850

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.83218

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Lumber9. 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)

Near Shelbyville,

(STATE OR COUNTRY)

Kentucky

## 13. NAME

Samuel M. Long

FATHER

## 14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

MOTHER

## 15. MAIDEN NAME

Margaret K. White

## 16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

## 17. INFORMANT

(ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Forest HillsDATE Mar-19-1934

## 19. UNDERTAKER

(ADDRESS)

## 20. FILED

3-171934

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 15 1934 to March 15 1934I last saw him alive on March 15 1934 Death is saidto have occurred on the date stated above, at 6:28 P.M.

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

Ulcero intestinal obstruction(bands)Pelvic Cancer -metastatic from Prostate

Other contributory causes of importance:

51Name of operation Abdominal

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) A. Sophus \_\_\_\_\_, M. D.(Address) 1405 Bryant

