

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.

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

Do not use this space.

FEB 19 1936

1. PLACE OF DEATH

County Henry
Township Walker
City (No.)

Registration District No. 355
Primary Registration District No. 5498

File No. 39379-2
Registered No. 10
St. Ward

2. FULL NAME

Mary Catherine Long

(a) Residence, No. St. Ward
(Usual place of abode)

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. (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 - 1858

7. AGE YEARS 77 MONTHS 2 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION 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. at home
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) Kentucky

MOTHER 13. NAME Mary Ann Dixon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15 Ky

15. MAIDEN NAME Mary Catherine Long

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

17. INFORMANT (ADDRESS) J.P. Hargraves Montrose Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak DATE Dec 4 1935

19. UNDERTAKER (ADDRESS) Frank Lemartz

20. FILED 12-70 1935 W.E. Baggett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1926 to Mar 1, 1935
I last saw her alive on Mar 1, 1935. Death is said to have occurred on the date stated above, at 13:00 a.m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Intercapular fracture of left hip
Date of onset

Other contributory causes of importance: None
Name of operation None Date of
What test confirmed diagnosis? Y Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X 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.W. Fullbreath, M. D.
(Address) Wich Mo

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

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PHYSICS 104

PHYSICS 105

PHYSICS 106

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

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1. PLACE OF DEATH

County Hewey

Registration District No. 353

File No.

Township Walker

Primary Registration District No. 5498

Registered No.

City (No.) St. Ward

2. FULL NAME

Mary Catherine 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1935, to Dec. 2, 1935

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

I last saw him alive on Dec. 2, 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>2</u>	<u>25</u>	

The principal cause of death and related causes of importance were as follows:
Diabetic Mellitus Date of onset

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

No further information concerning fracture of hip
Intra-capsular fracture of left hip.

SUPPLEMENT

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 1935

19. UNDERTAKER (ADDRESS)

20. FILED 12-20 1935 W E Baggerly 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 1935

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? X
If so, specify

(Signed) J. P. Hallgren, M. D.
(Address) Union Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-393792