

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.

JAN 9 1937

44539

1. PLACE OF DEATH

County HENRY Registration District No. 347
Township CLINTON Primary Registration District No. 3018
City CLINTON (No. 421) W-CLINTON St. 3 Ward

2. FULL NAME

BERTHA, ETHEL, LONG.

(a) Residence, No. 421-W-CLINTON St. 3 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife of) <u>Herman B. Long</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCT. 20-1912</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>2</u>	DAYS <u>2</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HENRY - MO.

13. NAME WILLIAM THOMAS LONG

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HENRY - MO.

15. MAIDEN NAME MINNIE-ELIZABETH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GREEN, CO. WISCONSIN

17. INFORMANT Herman B. Long
(ADDRESS) Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE WHITE OAK DATE DEC. 22 1936

19. UNDERTAKER E. F. LENARTZ
(ADDRESS) Monticello, Mo.

20. FILED 1-5 1937 J. R. Noughton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 4, 1936, to December 20, 1936

I last saw her alive on December 20, 1936 Death is said

to have occurred on the date stated above, at 10 A.M.

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

Typhoid fever Date of onset
Onset about Nov 20, 1936
Intestinal hemorrhage 12/18

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? NO

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) E. W. Moltzen, M. D.
(Address) Clinton, Mo.

3
P. P. P.
P. P. P.
P. P. P.