

DEC 17 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County HenryRegistration District No. 347Township Bigfork MoPrimary Registration District No. 5485City Blairston (No. ....)File No. 41379

Registered No. ....

St. .... Ward

2. FULL NAME William Columbus 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 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Margareta Long6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9 1868

7. AGE

YEARS 68MONTHS 11DAYS 29

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Section Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Trisco R. R.10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation

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

FATHER

13. NAME John Franklin Long14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co. Mo.

MOTHER

15. MAIDEN NAME Dieter Williamson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McClain Co. Ill.17. INFORMANT (ADDRESS) Mrs Wm Loney, Blairston Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blairston DATE Dec. 10 193719. UNDERTAKER (ADDRESS) P. H. Cook, Chatham Mo20. FILED Dec. 11 1937 J. B. Hampton Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/8/193722. I HEREBY CERTIFY, That I attended deceased from 9/18/37, 19... to 12/8/37, 19...I last saw him alive on 10/29/37, 19... Death is saidto have occurred on the date stated above, at 11:15 A.m.

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

Chronic MyocarditisDate of onset Unknown before Dec. 1937

Other contributory causes of importance:

Hyperinsulinism - N.M.O. Diagnosed at Trisco Hospital, St. Louis.Name of operation none Date of .....What test confirmed diagnosis? ultrason 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) J. E. Avey, D.O. M.D.(Address) Blairston, Mo.

