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

Do not use this space.

File No. 28924

Registered No. 8428

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. 1003

City St Louis (No. 2245 Mullanphy St. ..... Ward)

2. FULL NAME William J. Furlong

(a) Residence. No. 2245 Mullanphy St., C 20 Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF alice B Furlong

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 13 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	4	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ins. Agent
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer First Natl. Life Ins Co

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ire

PARENTS

10. NAME OF FATHER Thomas Furlong

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ire

12. MAIDEN NAME OF MOTHER Annie Curran

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY)

14. INFORMANT Alice Furlong
(Address) 2461 Pope

15. FILED AUG 19 1928 Chas C Stark Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17th 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1928, to Aug 17, 1928, that I last saw h. alive on Aug 17th, 1928, and that death occurred, on the date stated above, at 3:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

31 Uremia
95 Arterial Hypertension
Chronic Nephritis
546(1) ..... (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Arterial Hyper
..... (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

8/18, 1928 (Signed) Carl Rhoel, M. D
(Address) 2704 Cass Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Sunset Hill Cem	Aug 20 1928
20. UNDERTAKER	**ADDRESS**
Fred M Williams	4617 Delmar

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.

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