

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.

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township Primary Registration District No. 3018
 City Clinton (No.) St. Ward
 2. FULL NAME Martha B Long
 (a) Residence, No. South 2nd 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.

File No. 34334
 Registered No.
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M Long
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 84 2 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
 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
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Co Mo
 MOTHER 13. NAME W M Ingles
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know
 15. MAIDEN NAME Elizabeth Gray
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know
 17. INFORMANT Sola Long
 (ADDRESS) Clinton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak DATE 9/19 37
 19. UNDERTAKER Consigli & Beck
 (ADDRESS) Clinton Mo
 20. FILED 9-18 1937 J. R. Humphreys Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16 , 1937
 22. I HEREBY CERTIFY, That I attended deceased from 12-20 , 1932 to 9-16 , 1937
 I last saw h.c.r. alive on 12-16 , 1937. Death is said to have occurred on the date stated above, at 8:19 a.m.
 The principal cause of death and related causes of importance were as follows:
Mitral Disease Date of onset
Cerebral Embolism 9-7-37
Hemiplegic right
 Other contributory causes of importance:
 Name of operation None Date of
 What test confirmed diagnosis? Thrombosis 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
 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. C. Puler , M. D.
 (Address) Clinton Mo

42
 4
 9
 31
 31

