

REC'D JUL 20 1938

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

Do not use this space.

21939

1. PLACE OF DEATH

County Henry  
 Township  
 City Clairstown (No. \_\_\_\_\_)

Registration District No. 347  
 Primary Registration District No. 4202

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Margaretta May Long

(a) Residence, No. Clairstown Mo. St. Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 4. COLOR OR RACE white  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow of W. C. Long  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1870  
 7. AGE 68 YEARS 1 MONTHS 9 DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
 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 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nat. Trans 9

MOTHER FATHER  
 13. NAME G. B. Pirtle 1

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

MOTHER FATHER  
 15. MAIDEN NAME Margaretta Pirtle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clairstown Mo. St.

17. INFORMANT (ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clairstown DATE 6-26-1938

19. UNDERTAKER (ADDRESS) Chillicothe Mo

20. FILED 7-5 1938 D. J. B. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1938

22. I HEREBY CERTIFY That I attended deceased from Apr 15, 1938, to June 24, 1938  
 last saw him alive on June 23, 1938 Death is said to have occurred on the date stated above, at 8:30 m.

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

Coronary Embolism June 24/38  
 Other contributory causes of importance: 9 1/2  
Metastatic Stenosis 2 yrs

Name of operation 220 Date of 220  
 Where performed Blount Physical Hospital

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? 220 Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? 220  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 220  
 Nature of injury 220

24. Was disease or injury in any way related to occupation of deceased? 220  
 If so, specify \_\_\_\_\_  
 (Signed) George W. Pirtle M. D.  
 (Address) Clairstown Mo

46  
 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.

Handwritten text, possibly a date or reference number, located in the upper right quadrant.

Handwritten text, possibly a name or title, located in the center of the page.

Handwritten text, possibly a signature or name, located in the lower middle section.

Handwritten text, possibly a name or title, located in the lower middle section.

Handwritten text, possibly a signature or name, located in the bottom right corner.