

SEP 21 1937

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

Do not use this space.

25815

1. PLACE OF DEATH

County Barry
Township Flatt Creek
City Cassville (No.)

Registration District No. 29
Primary Registration District No. 4021

File No.
Registered No. 34
St. Ward)

2. FULL NAME

John W Long

(a) Residence No. St., Ward.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (widow)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-3-1854

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
76 5 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co Mo.

10. NAME OF FATHER John Long
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Verna Beller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs Henry Scroggins (Address) Cassville Mo

15. FILED Sept 11 1937 Mrs H.R. Williams REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 1930

17. I HEREBY CERTIFY That I attended deceased from did not attend that I last saw h. alive on at time of death, and that death occurred, on the date stated above, at death m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Disease of heart
9.5 B
162

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 092
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Chas. Handley, D.
, 19 (Address) Cassville Mo

*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 King near Jenkins Mo DATE OF BURIAL Aug 27 1930

20. UNDERTAKER Florine Furniture & Funeral Service ADDRESS Cassville Mo

CAUSE OF DEATH in plain terms, so that it may be understood by the layman

