

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

Do not use this space.

NOV 20 1935

32206

**1. PLACE OF DEATH**

County Clay  
 Township Liberty  
 City Liberty (No. .... Ward)

Registration District No. 201  
 Primary Registration District No. 5280

File No. 90  
 Registered No. .... St. .... Ward)

**2. FULL NAME**

(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 53 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 (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Long  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28-1882  
 7. AGE YEARS 53 MONTHS 8 DAYS 19 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. com.  
 10. Date deceased last worked at this occupation (month and year) 2 years 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo

13. NAME Lewis Long

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo

15. MAIDEN NAME Melina

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lizzie Long Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE 10/19/35

19. UNDERTAKER (ADDRESS) Chapel - Archer Co Liberty Mo

20. FILED Oct 19 5 30 T B Branch Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1935 to Oct 17 1935

I last saw him alive on Oct 17 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Teratoma of Testicle with Metastases in abdomen Date of onset not known

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? .....

If so, specify .....

(Signed) W. H. Johnson, M. D.

(Address) Liberty Mo.

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

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.

