

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

Do not use this space.

2128

1. PLACE OF DEATH
 County RAY Registration District No. 744
 Township RICHMOND Primary Registration District No. 3035
 City RICHMOND (No. _____) St. _____ Ward _____

2. FULL NAME DAVID WILLIAM LONG
 (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 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, (Use the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1888

7. AGE YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
43	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. Baggage man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 97

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) RAY CO. MO.

FATHER

13. NAME M. OLIVER LONG

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RAY. CO. MO.

MOTHER

15. MAIDEN NAME SALLEE LEE TWEEDIE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RAY CO. MO.

17. INFORMANT Mrs. David Long
 (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE 1-17-38

19. UNDERTAKER E. M. Joiner
 (ADDRESS) Richmond Mo.

20. FILED 1-16-19-32 E. E. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 3, 1932, to Jan 8, 1932
 I last saw him alive on Jan 13, 1932 Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Influenza Date of onset Dec 17
117 11A
 Other contributory causes of importance:
W. Pneumonia (D)
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) John McHersh, M. D.
 (Address) Richmond

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.

89
6
4

