

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.

NOV 28 1931

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

Do not use this space.

35680

1. PLACE OF DEATH

Richmond, Mo.
Township
City St. Louis

Registration District No. 1170
Primary Registration District No. 624878
(No. St. Mary's Hospital)

File No.
Registered No. 243
St. Ward

2. FULL NAME

Edward Everett Longan

(a) Residence, No. Chase Hotel 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. (If nonresident, give city or town and State)

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 Hattie Longan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	66	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
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) Missouri

13. NAME Wm. Longan

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

15. MAIDEN NAME Mary Ann Gove

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

17. INFORMANT (ADDRESS) Hattie Longan Chase Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE California, Mo. DATE Oct. 17, 1931

19. UNDERTAKER (ADDRESS) H. Rindkopf 5216 Belmont

20. FILED 10/16, 1931 E. E. Jensen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 13³⁰ to Oct 15¹⁵, 1931.
I last saw him alive on Oct 15³, 1931. Death is said to have occurred on the date stated above, at 7³⁰ a.m.

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

Chronic Intestinal Peptic Ulcer
Chronic Myocarditis
Arteriosclerosis
Termination in Myocardial Infarction

Other contributory causes of importance: Same

Name of operation none Date of
What test confirmed diagnosis? Cholesterol 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) R. C. Harris, M. D.
(Address) University of Missouri, St. Louis, Mo.

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3 1/4
