

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County JacksonCivil Dist. 2OR
Village HaydenburgOR
City 2 (No. 2 St.; 3 Ward)Registration District No. 44402File No. 3Primary Registration District No. 2Registered No. 3

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME H. C. Long

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)6 DATE OF BIRTH 0 0 1872
(Month) (Day) (Year)7 AGE 52 yrs. 0 mos. 0 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 0009 BIRTHPLACE (State or country) Jackson Co Tenn.10 NAME OF FATHER John Long11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn12 MAIDEN NAME OF MOTHER Sinthy Carnahan13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] _____
[Address] _____15 Filed 4/12/1924 A. McGawley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 8 1924
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____,

that I last saw him alive on _____, 191____,

and that death occurred, on the date stated above, at 3-9 PMThe CAUSE OF DEATH* was as follows: 129Bright Diseaseso to have been informedby Dr. R. C. H. of HaydenburgI have was sick at the time ofin death and not able toContributory stroke

[SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.

Signed _____

_____ 191____ Address _____

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Rayr Cemetery DATE OF BURIAL 4/10/192420 UNDERTAKER P. J. Wilow ADDRESS Haydenburg

_____ R. 21 _____

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

ARGIN RESERVED FOR BINDING
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. See instructions on back of certificate.