

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

Do not use this space.

1792

**1. PLACE OF DEATH**

County..... McDonnell Registration District No. .... 1167  
Township..... Elkhorn Primary Registration District No. .... 3698  
City..... (No. ....) St. .... Ward)

File No. ....  
Registered No. .... 2

**2. FULL NAME**

Mary Jane Linton  
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2 1942

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	80	1	22	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(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) MO.

PARENTS

10. NAME OF FATHER Samuel Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Catherine Maness

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT C.A. Plumlee  
(Address) Rocky Comfort

15. Feb 28 1928 E. Edmondson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1928

I HEREBY CERTIFY, That I attended deceased from April 3 1926, to Jan 22 1928 that I last saw her alive on Nov 30 1927, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Nephritis  
924 900 (duration) yrs. 6 mos. da.  
CONTRIBUTORY Chronic Bronchitis  
(SECONDARY) (and old age) (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) J.P. Edmondson, M.D.  
19 (Address) Stella, 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 Union Cem. DATE OF BURIAL Jan 23 1928

20. UNDERTAKER M.A. Rogue ADDRESS Wheaton

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.

FEB 21 1928





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