DEC 26 1928

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

Do not use this space.

36151

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, Mo. (No. Noyes Hospital St. Ward)

File No.
Registered No. 1335

2. FULL NAME David Clifton Lintner
(a) Residence. No. St., Ward. Weston, Missouri
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 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: Hazel Lintner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): October 3, 1899

7. AGE: Years 29 | Months 1 | Days 20 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Woodruff
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: C. B. Lintner
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Mandy Benjamin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Cedar County
(STATE OR COUNTRY): Missouri

14. INFORMANT: Mrs. Hazle Lintner
(Address): Weston, Missouri

15. FILED NOV 23 1928 19 John G. Wh REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 23, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 17th, 1928, to Nov 23, 1928, that I last saw him alive on Nov 22, 1928, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Appendicitis (suppurative)
120B
129
117B
(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY): Peritonitis (General)
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF 11/17/28
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M.D.
11/26, 1928 (Address) St. Joseph 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: Weston, Missouri
DATE OF BURIAL: Nov 24, 1928

20. UNDERTAKER: Fleeman Funeral Home
ADDRESS: 1208 Francis

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.