

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.

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

Do not use this space.

FEB 25 1929 5274

1. PLACE OF DEATH

County North Registration District No. 903
Township Richards Primary Registration District No. 4545
City Grant City (No.) St. Ward (....)

File No.
Registered No. 1929
St. Ward (....)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. min.
71 4 24

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) General Farming
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Gettysburg
(STATE OR COUNTRY) Pennsylvania

10. NAME OF FATHER Benjamin Linhoff

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mary Linhoff
(Address)

15. FILED 1-27-29 John A. ... REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 26 1929

17. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....
that I last saw him alive on, 19...., and that death occurred, on the date stated above, at about 2 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Was found dead in field near home - on open farm. Natural cause. Had an organic heart disease.
(duration) yrs. mos. da.
(CONTRIBUTORY (SECONDARY) CAUSE) No record of Heart
(duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF ...
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. M. Mills Coroner
1-28-1929 (Address) Grant City 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 Witchell Cem. DATE OF BURIAL 1-28, 1929

20. UNDERTAKER Arch C. Dummer ADDRESS Grant City Mo

