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

Do not use this space.

6887

1. PLACE OF DEATH
County Jackson — Registration District No. 460 — File No.
Township Prairie — Primary Registration District No. 5553 — Registered No. 2
City Lees Summit (No. ..... St. ..... Ward)

2. FULL NAME Carrie V. Link

(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 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis L. Link

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-6-1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	10	20	

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

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9. BIRTHPLACE (CITY OR TOWN) Little Falls
(STATE OR COUNTRY) N. Y.

2

PARENTS

10. NAME OF FATHER Edwin H. Bolt

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

2

12. MAIDEN NAME OF MOTHER Martha Dennis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Danube
(STATE OR COUNTRY) N. Y.

2

14. INFORMANT L. L. Link
(Address) Lees Summit

15. FILED 2-28, 1929 W. L. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1929, to Feb 26, 1929 that I last saw her alive on Feb 26, 1929 and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza and 11A
Pleurisy 110A
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) None
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Same
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) J. J. Ragsdale, M. D.
2-28 1929 (Address) Lees Summit 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~~	DATE OF BURIAL
Lees Summit Cemetery	Feb-28-1929

20. UNDERTAKER	ADDRESS
R. C. Fields	Lees Summit Mo.

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 28 1990