MAY 29 1929

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

Do not use this space.

15583

1. PLACE OF DEATH
County (Phelps) Registration District No. 677 File No.
Township Primary Registration District No. 4403 Registered No. 46
City (Rolla) (No. , St. Ward)

2. FULL NAME Henry Benjamin Linneburger
(a) Residence. No. St., Ward St. James Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 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: Edna Olive Linneburger

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 12, 1878

7. AGE: Years 50 | Months 10 | Days 9 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Maintenance of Telephone System
(b) General nature of industry, business, or establishment in which employed (or employer): Telephone Co.
(c) Name of employer: St. James Telephone Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hancock Co., Illinois

PARENTS
10. NAME OF FATHER: Hermann Linneburger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Catherine Shroeder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: H. C. Morrison
(Address) St. James, Mo.

15. FILED April 22 1929 Jos. F. Ayers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-21 1929

17. I HEREBY CERTIFY, That I attended deceased from March 30, 1929, to April 21, 1929, that I last saw h.a.m. alive on April 20, 1929, and that death occurred, on the date stated above, at 12:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1st Inflamation of the Kidneys. Right Lung and appendix.
Had a fall on back before (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar. 31. 1929
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. Sidney McFarland, M.D.
4-21, 1929 (Address) Rolla, 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: St. James, Mo. DATE OF BURIAL: 4-23 1929

20. UNDERTAKER: Jonas & Pentecost ADDRESS: St. James

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.