

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

Do not use this space.

1. PLACE OF DEATH

County Cochran
Township Ham
City R. C. Mo

Registration District No. 399

Primary Registration District No. 100

File No. 1388

Registered No. 280

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Eugene Link St. 4 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 1, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 10 23

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

PARENTS
10. NAME OF FATHER Edward Link
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Washville Tenn
12. MAIDEN NAME OF MOTHER Cornelia Helmer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mobile, Ala

14. INFORMANT Edward Link
(Address) Genl Hosp # 2

15. FILED 1/27, 1930 M. M. Grove REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-24 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-22 1930, to 1-24 1930 that I last saw h. alive on 1-24 1930, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pulmonary T. B.

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

18. WHERE WAS DISEASE CONTRACTED Unknown

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. M. Smith M. D.

1/5 1930. (Address) General Hosp # 2

*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 Highland Cem DATE OF BURIAL 1/27 1930

20. UNDERTAKER Hathine Brothers ADDRESS 1729 Lydia

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.

