

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

Do not use this space.

5281

1. PLACE OF DEATH

County Jackson
Township Blue
City Leds

Registration District No. 399
Primary Registration District No. 1007
(No. Leds no)

File No. 940
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 2442 Harrison St. Ward 4

(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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17 - 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
33 9 10

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

10. NAME OF FATHER Wack Linheart

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

12. MAIDEN NAME OF MOTHER Rosa Hill

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

14. INFORMANT J. A. Hospital (Address) Leds, Mo.

15. FILED 3/1, 1930 M. M. Crowe REGISTRAR
ast

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1929, to Feb 27, 1930 that I last saw him alive on Feb 27, 1930, and that death occurred, on the date stated above, at 11:50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute Pulmonary Tuberculosis

(duration) 5 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) no (duration) 0 yrs. 0 mos. 0 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Laboratory (Signed) Edwin P. ..., M. D.

(Address) Mar 1, 1930 (Address) 1830 Vine

*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 Sapulpa Okla DATE OF BURIAL Mar 1 1930

20. UNDERTAKER H. Brumby ADDRESS 1820 E. 18th

N. B.—Every item of information should be carefully supplied. No name to be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

