OCT 29 1930

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

Do not use this space.

27150

File No.

Registered No.

1. PLACE OF DEATH

County: Knox — Registration District No.: 447

Township: Bourbon — Primary Registration District No.:

City: ~~Novelty~~ (No. 3607 St. Ward)

2. FULL NAME: Charles Washington Linson

(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 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: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 4 1871

7. AGE: Years 59 | Months 0 | Days 10 | If LESS than 1 day, hrs. or min.

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):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Sue City Knox Co.
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: A. W. Linson

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Macon Co
(STATE OR COUNTRY): Mo.

12. MAIDEN NAME OF MOTHER: Mary Bowen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Sue City
(STATE OR COUNTRY): Mo

14. X INFORMANT: Chas. Kleinhoff
(Address): Novelty Mo

15. FILED: Sept 10, 1930 Frank Baldwin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): August 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1930, to Aug 14 1930, that I last saw him alive on Aug 14, 1930, and that death occurred, on the date stated above, at 10 00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

"Flu"

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: at home.

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. C. Gibson, M. D.

, 19 (Address) Novelty 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: Pochrum Cemetery — DATE OF BURIAL: 8/16 1930

20. UNDERTAKER: Brothers & Irwinger — ADDRESS: Novelty 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.

THIS IS A PERMANENT RECORD

4th August 59