

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

Do not use this space.

29747

1. PLACE OF DEATH

County Madison
Township Madison
City Madison (No.)

Registration District No. 371
Primary Registration District No. 4717

File No.
Registered No. 19
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward

(Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Mary Jane Surgen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 28 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 8 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ret. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nicholls
(STATE OR COUNTRY) North Carolina

10. NAME OF FATHER John M. Links

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

14. INFORMANT Geo Links
(Address) Madison Mo

15. FILED 91 30 M. W. Kelly
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from nurse , 19 , to , 19 , and that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at about 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Drowning
183

(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? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Dr. Williams M. D.
9/3, 19 30 (Address) Madison 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 K.C. Cemetery DATE OF BURIAL 9/3 1930

20. UNBERTAKER M. W. Kelly ADDRESS Madison Mo

THIS IS PER...
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

98-26-1930

very few in chain of command. Applied to the Secretary of State. ()

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Holt
Township
City Maitland

Registration District No. 371
Primary Registration District No. 427

File No.
Registered No. 9
St. Ward)

2. FULL NAME

(a) Residence. No. John Edward Link 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M (write the word)

5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

FILED

19

9/1 M. D. Kelly

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 19....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental drowning
Said deceased was going to the river to catch some fish, & had a fish pole with him. When he was found in the river, about 100 yards upstream, his fishing pole was upstream about 150 feet. All clothing on him when found, no one saw the accident. Searching party was formed, footprints on the riverbank like he slid in the stream caused them to discover his search the stream for

18. WHEN WAS DISEASE CONTRACTED (duration) yrs. mos. ds. IF NOT AT PLACE OF DEATH? Did an OPERATION PRECEDE DEATH? DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS? (Specify) M. D.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSE, state (1) Manner and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER

ADDRESS

WE CLAIM THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. FACTS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY 189

1930

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