

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

Do not use this space.

33996

NOV 18 1930

1. PLACE OF DEATH

County St. Louis  
Township Bonhomme  
City (No. ....) St. .... Ward

Registration District No. 785  
Primary Registration District No. 6031

File No. ....  
Registered No. 212  
St. .... Ward

2. FULL NAME

(a) Residence. No. Valley Park, Mo St. .... Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Mary Emma Link</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 7 - 1866</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>8</u>
	DAYS <u>14</u>	If LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Labourer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>R.R. track work</u> (c) Name of employer <u>Mo. Pacific</u>		

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Ill.

PARENTS	10. NAME OF FATHER <u>Ben Link</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>America Link</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT Mrs. M. Link  
(Address) Valley Park, Mo

15. FILED 11/10 1930 P. E. Barnett  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 21 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1930, to Oct. 21, 1930, that I last saw him alive on Oct. 16<sup>th</sup>, 1930, and that death occurred, on the date stated above, at 1:30 - P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic interstitial nephritis  
131  
113  
(duration) ..... yrs. 6 mos. .... ds.

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH 129 W

DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) G. J. Dunn, M. D.  
601 22 - 1930 (Address) Valley Park 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 <u>M. E. Cem. Manchester Mo</u>	DATE OF BURIAL <u>Oct. 23 1930</u>
20. UNDERTAKER <u>Schrader Und. Co Ballwin, Mo</u>	ADDRESS

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

