

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.

APR 21 1931

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

Do not use this space.

4906

1. PLACE OF DEATH  
 County Clay Co Registration District No. 198  
 Township Fishing River Primary Registration District No. 5277a  
 City Missouri City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ross V. Lincoln  
 (a) Residence, No. Farm 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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/30/1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
11 4 25

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
 10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation \_\_\_\_\_

MOTHER FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo  
 13. NAME Harry Lincoln  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Clay Co Mo  
 15. MAIDEN NAME Ida Harris  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Clay Co Mo

17. INFORMANT Harry Lincoln  
 (ADDRESS) Missouri City Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Moore Cent DATE 2/27 1931

19. UNDERTAKER C. S. Berger  
 (ADDRESS) Emph Mo

20. FILED 4/4 1931 Y. D. Craven  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25 1931

22. I HEREBY CERTIFY, That I attended deceased from 2/18/31 1931, to 2/25 1931  
 I last saw him alive on 2/25/31 1931 Death is said to have occurred on the date stated above, at 4:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Double Lobar Pneumonia  
108 108  
9530  
 Other contributory causes of importance:  
Myocardial failure

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) D. F. Bagley \_\_\_\_\_, M. D.  
 (Address) Brick, Mo.

