

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

Do not use this space.

10636

**1. PLACE OF DEATH**

County Swingston Registration District No. 508  
Township \_\_\_\_\_ Primary Registration District No. 3426  
City Chillicothe (No. Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 23

**2. FULL NAME** Linden Hulet/McMickle

(a) Residence. No. Haseville 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 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** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married (write the word)

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) March 19 1931

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**  
Erma McMickle

**17. I HEREBY CERTIFY**, That I attended deceased from March 19, 1931 to March 19, 1931, that I last saw him alive on March 19, 1931 and that death occurred, on the date stated above, at 7:30 p.m.

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Nov 25, 1896

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Gun shot wound in left chest. Suicidal.

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
34 3 22

**167** (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**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 \_\_\_\_\_

**CONTRIBUTORY (SECONDARY)** 167 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**9. BIRTHPLACE** (CITY OR TOWN) Haseville Mo. (STATE OR COUNTRY)

**18. WHERE WAS DISEASE CONTRACTED** Lanso Mo.  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

**10. NAME OF FATHER** F. G. McMickle

**0 DID AN OPERATION PRECEDE DEATH?** no DATE OF \_\_\_\_\_

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

**WAS THERE AN AUTOPSY?** no

**12. MAIDEN NAME OF MOTHER** Angelina Hulet

**WHAT TEST CONFIRMED DIAGNOSIS?** History of case  
(Signed) \_\_\_\_\_ M. D.

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

(Address) Chillicothe Mo

**14. INFORMANT** Martha McMickle  
(Address) Purdin 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.

**15. FILED** 3/20 1931 R. Barney REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Haseville **DATE OF BURIAL** 3-20 1931

**20. UNDERTAKER** E. J. Robertson **ADDRESS** Lanso

APR 24 1931

Every item of information should be carefully checked for accuracy. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be understood by all. PHYSICIANS SHOULD BE STATED EXACTLY.

This is to certify that this is a true and perfect copy of the  
death certificate of Linden M. Mickle as the same appears  
on file in my office.

Ruben Barney  
Local Registrar

54-10636

March 19-1931

McMichael was the original family name, but  
the family used the name of McMickle for years.

When Linden Hulett McMickle enlisted in the  
army he took the original name—McMichael.

May, 2, 1931.

etally supplied. AGE sho  
classified.

**D. A. J. SIMPSON**

PHYSICIAN & SURGEON

and Res. 308

Office: Corner Elm & Webster



55.710636

HORN DRUG STORE  
WEST SIDE OF SQUARE

REG. NO. 8892

M. D

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

Do not use this space.

**1. PLACE OF DEATH**

County Levy  
Township Chillicothe  
City Chillicothe

Registration District No. 508  
Primary Registration District No. 2926  
Hospital

File No. \_\_\_\_\_  
Registered No. 33  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Linley M<sup>o</sup> Michael  
(a) Residence, No. Haseville 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 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Erma M<sup>o</sup> Michael

17. I HEREBY CERTIFY that I attended deceased from March 14 31 1931 to March 19 31 1931 that I last saw him alive on March 14 1931 and that death occurred, on the date stated above, at 2:30 p.m.

DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 25 1896

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Gun shot wound left breast. Suicidal

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
34 3 22

167 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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 \_\_\_\_\_

CONTRIBUTORY (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) Haseville Mo. (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED Lando Mo. IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER J. G. McMichael

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

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

20. WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Margeline Hulet

WHAT TEST CONFIRMED DIAGNOSIS Victor Fleane  
(Signed) A. J. Simpson M. D.  
3/19 1931 (Address) Chillicothe Mo

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

\*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.

14. INFORMANT Marshall McMichael  
(Address) Curden Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Haseville Mo. DATE OF BURIAL 3/20 1931

15. FILED 4/1 31 R. Barney REGISTRAR

20. UNDERTAKER E. J. Robertson ADDRESS Lando

MISSOURI STATE BOARD OF HEALTH  
NON is very im. 31-11  
Every item of CAUSE OF DEATH in that it may be properly classified. Ex.

CONFIDENTIAL

S(4)10636

JAN 6 1945

DU  
in the ... of ...

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

Do not use this space.

**1. PLACE OF DEATH**

County Livingston

Registration District No. 508

Township

Primary Registration District No. 3026

City Chillicothe

(No.          Hospital         )

File No.         

Registered No. 33

St.          Ward         

**2. FULL NAME** Linden Hulett McMickle

(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

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Emma McMickle

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

Nov. 25, 1896

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

34

3

22

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)

Haseville

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

F. G. McMickle

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Angelina Hulett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14. INFORMANT

Marshall McMickle

(Address)

Purdin Missouri

15. FILED

3/20/31

R. Barney

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 1931

17. I HEREBY CERTIFY That I attended deceased from March 19 1931 to March 19 1931

that I last saw him alive on March 19 1931, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Gun shot wound in left chest, suicide

167

(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Laredo, Mo.

0 DID AN OPERATION PRECEDE DEATH? No DATE OF         

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS History of case

(Signed) A. J. Simpson, M. D.

3/19, 1931 (Address) Chillicothe, 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

Haseville, Mo.

DATE OF BURIAL

3/20 1931

20. UNDERTAKER

E. J. Robertson

ADDRESS

Laredo, Mo.

Item of info. should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S (4)-10636.

