

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

Do not use this space.

Dr. Hogg
17691

1. PLACE OF DEATH
 37 County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield Mo (No. 1333) Cherry St. _____ Ward _____
2. FULL NAME P. C. Lines
 (a) Residence, No. 1333 Cherry 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.

File No. _____
 Registered No. **388**
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (with the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda Lines (Dec)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 1899
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. music store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3011
10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Grange Ind. 2
MOTHER
13. NAME Geo. W. Lines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.
15. MAIDEN NAME Jane Cinsley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna.
17. INFORMANT Mrs. M. M. Lines (ADDRESS) Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL
 PLACE Maple Park DATE May 19 1931
19. UNDERTAKER Wm. J. Johnson (ADDRESS) 534 St. Louis
20. FILED 5-19 1931 Wm. J. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1931
22. I HEREBY CERTIFY, That I attended deceased from only on 5-17-31, to _____, 19____
 I last saw him alive on 5-17-31, 19____. Death is said to have occurred on the date stated above, at 11:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Change incident to Senility.
He just lay down & died
 Other contributory causes of importance:
Heart arterial sclerosis
Changes for several years
 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? No
 If so, specify _____
 (Signed) Harriet Hogg, M. D.
 (Address) Springfield

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.

MAY 25 1931

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