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

Do not use this space.
21095

1. PLACE OF DEATH
37 County GASCONADE — Registration District No. 307
Township BOULWARE — Primary Registration District No. 5425
City ~~Swiss~~ (No. ..., ... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME SOPHIE LINNEMANN

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HENRY LINNEMANN

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-1-1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	66	8	✓	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE 235
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) BAY
(STATE OR COUNTRY) MO 1

PARENTS
10. NAME OF FATHER Wm STOENNER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 10
(STATE OR COUNTRY) GERMANY
12. MAIDEN NAME OF MOTHER REBECCA BUSCHMANN
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) GERMANY

14. INFORMANT Wm Linnemann
(Address) Swiss Mo.

15. FILED 6-4, 1931 Mrs. F B Meyer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb-10, 1931, to June 3, 1931 that I last saw her alive on May 27, 1931, and that death occurred, on the date stated above, at 430 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of stomach
468
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 468
(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? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) F. H. Gaughell, M. D.
6/4, 1931 (Address) Herman 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	DATE OF BURIAL
St. Paul's Ev. Cemetery Bay Mo.	6/5 1931
20. UNDERTAKER	ADDRESS
Herman Blumer	Hermann Mo.

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.