

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

Do not use this space.

21919

1. PLACE OF DEATH

County Johnson
Township Washington
City Knot Noster (No.)

Registration District No. 429
Primary Registration District No. 4265

File No. 76
Registered No.
St. Ward

2. FULL NAME Dean Fuller Link

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

3A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June - 25 - 31

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 19 hrs. or min. 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Knot Noster
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Don N. Link

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

12. MAIDEN NAME OF MOTHER Lucy Fuller

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

14. INFORMANT Don Link
(Address) Knot Noster Mo

15. FILED 6/27, 1931 Ja Koch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1931

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1931, to June 26, 1931, that I last saw him alive on June 26, 1931, and that death occurred, on the date stated above, at 5:00 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity

CONTRIBUTOR (SECONDARY) 159/157
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. E. Porter, M. D.

, 19 (Address) Knot Noster 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 City Cem K-M-Mo DATE OF BURIAL 6/27 1931

20. UNDERTAKER E. L. Sault ADDRESS K-M-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.

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