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.

DEC 22 1931

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

Do not use this space.

37436

1. PLACE OF DEATH
County Greene
Township Murray
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 323
Primary Registration District No. 5448

File No. .....
Registered No. 10

2. FULL NAME Orin Linebaugh
(a) Residence, No. R.F.D 3, Willard 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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28, 1929

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2	8	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
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) Near Willard, Mo

FATHER
13. NAME Samuel Linebaugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taney County, Mo

MOTHER
15. MAIDEN NAME Ella Mason
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taney County, Mo

17. INFORMANT (ADDRESS) Registrars Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hughes Cem DATE 11.5, 1931

19. UNDERTAKER (ADDRESS) Greenwade Funeral Home Willard, Mo

20. FILED 11-5, 1931 E. W. Greenwade Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1931, to Nov 5, 1931.
I last saw him alive on Nov 3, 1931. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Diphtheria

10

10

Date of onset ?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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) John W. Williams Jr, M. D.
(Address) Springfield