

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

85

40167

Township St Joseph

Registration District No. 1001

File No. 1210

City St Joseph

Primary Registration District No. 1001
(No. Mo Meth Hosp.)

Registered No. 1210

St. Mo Ward

2. FULL NAME Pearl Linck

(a) Residence. No. Bolackow Mo St. Mo Ward. Mo
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown about 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 Unknown

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

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hospital Records
(Address) Mo Meth Hosp.

15. FILED 12-2-31 John H. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1931

17. I HEREBY CERTIFY, That I attended deceased from VIEWED
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 342 a m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fractured Skull - Fell While Roller Skating at Savannah 770 in a Public Hall

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1860
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF -

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? History Clinical
(Signed) B. W. Tadlock - Coroner

12/2 .19 31 (Address) 821 Francis

*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 Bolackow Mo DATE OF BURIAL Dec 4 1931

20. UNDERTAKER G. J. O'Connell ADDRESS Bolackow Mo
Lincoln Ave.

JAN 19 1932

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.

