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

Do not use this space.

File No. 41406

Registered No. 84

1. PLACE OF DEATH

County Lafayette — Registration District No. 460

Township Dover — Primary Registration District No. 5623-B

City Higginsville (No. ..... St. ..... Ward)

2. FULL NAME William Napoleon Linebach

(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (~~OR WIFE OF~~) Mrs Clara Linebach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25 - 1870

7. AGE: Years 61 — Months 4 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Warrenton (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER William Napoleon Linebach

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

12. MAIDEN NAME OF MOTHER Dorothy Heidbrink

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

14. INFORMANT Wm Linebach Jr (Address) Higginsville Mo

15. FILED 12/14, 1931 Bessie R Porter REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 12, 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1931 to Dec. 12, 1931 that I last saw him alive on Dec. 12, 1931 and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Interstitial Nephritis with Myocarditis. several months. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cheynes-Stokes respiration. several years. (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? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings.

(Signed) W A Bracken, M. D.

12-14-, 1931 (Address) Higginsville, 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: Cty Cemetery — DATE OF BURIAL: Dec 14 1931

20. UNDERTAKER: Holfer & Mimershagen — ADDRESS: Higginsville 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.