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.

OCT 25 1932

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

Do not use this space.

28749

1. PLACE OF DEATH

21 County Chariton — Registration District No. 176 — File No.

Township Cunningham — Primary Registration District No. 5244 — Registered No. 125

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William Isaac Linscott

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Lily Blake Linscott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30th 1870

7. AGE — YEARS 61 — MONTHS 8 — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) Chariton Co Mo. 1

FATHER

13. NAME Phillip M Linscott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

MOTHER

15. MAIDEN NAME Wealthy Tufts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Phillip Lincott Sumner Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sumner Mo. DATE Sept 2 1932

19. UNDERTAKER (ADDRESS) S. L. Leipard Mendon Mo.

20. FILED Sept 2, 1932 A L Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 1929, to Sept 1st, 1932

I last saw him alive on Aug 28, 1932 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Cardio Renal insufficiency 95B

Date of onset Long time

Other contributory causes of importance:

15B (1)

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? no

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) J W Hardy, M. D.

(Address) Sumner Mo