

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.

NOV 23 1932

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

Do not use this space. ✓

32579

1. PLACE OF DEATH

County Jackson Registration District No. 400
Township Prairie Primary Registration District No. 5533B
City Little Blue (No. _____) St. _____ Ward _____

File No. _____
Registered No. 168

2. FULL NAME Frank Linpus

(a) Residence, No. Jackson County Home, _____ Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-13-1869</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>2</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Telegraph Operator</u>		11. Total time (years) spent in this occupation <u>124</u>
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)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1932, to 10-26, 1932

I last saw him alive on 10-25, 1932. Death is said to have occurred on the date stated above, at 3:20 P.M.

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

acute regurgitation

Date of onset

Other contributory causes of importance:

23. Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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. Greene M. D.
(Address) Independence, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	<u>2</u>
	13. NAME <u>Thomas</u>	<u>31</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	<u>31</u>
	15. MAIDEN NAME <u>McMurray</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT (ADDRESS) <u>J. W. Hostetter</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wood Grove</u> DATE <u>Oct 28</u> , 19 <u>32</u>	
	19. UNDERTAKER (ADDRESS) <u>Gary Funeral Home</u>	
	20. FILED <u>Oct. 28, 1932</u> <u>William J. Fields</u> Registrar.	

