

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

Do not use this space.

38054

1. PLACE OF DEATH

103 County St. Louis
Township Pike
City St. Louis (No. _____)

Registration District No. 834
Primary Registration District No. 6097

File No. _____
Registered No. 44
St. _____ Ward _____

2. FULL NAME

Olal Christine Link

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred all its life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) 10/5, 1931
7. AGE 1 YEARS _____ 1 MONTHS _____ 14 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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 Jeta, Mo

FATHER 13. NAME Everett Link

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blountfield Mo

MOTHER 15. MAIDEN NAME Edna M. Dulash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beath Co., Mo.

17. INFORMANT (ADDRESS) Everett Link, St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Northlough DATE 11/20 1932

19. UNDERTAKER (ADDRESS) A. J. Childs, St. Louis, Mo

20. FILED 12-10 1932 CR Matlack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/19 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/18 1932 to 11/19 1932
I last saw her alive on 11/19 1932. Death is said to have occurred on the date stated above, at 5 8 p.m.
The principal cause of death and related causes of importance were as follows:

Membranous Cough Date of onset 11/18, 1932

10 19

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) C. O. Bennett, M. D.

(Address) Bell City, 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.

JAN 5 1933

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

