

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

Do not use this space.

**1. PLACE OF DEATH**

County Crawford  
Township Burns  
City (Name) \_\_\_\_\_

Registration District No. 229  
Primary Registration District No. 5211

File No. 5184  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Unnamed Lincoln

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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) Feb 15 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co

10. NAME OF FATHER Forest Dale Lincoln

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Harper Co Kansas

12. MAIDEN NAME OF MOTHER Eura Golden Carter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co Mo

14. INFORMANT Father (Address) Bourbon Mo

15. FILED Feb 20 1933 G. W. Adams REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1933

17. I HEREBY CERTIFY, That I attended deceased Feb 15 1933 at 15th, 1933, to \_\_\_\_\_, 19\_\_\_\_. That I last saw him alive on Feb 15, 1933, and that death occurred, on the date stated above, at 10 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature birth, Prematol marasmus resulting non-viable  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Influenza of mother + typhemia  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 159  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Geo H Granau, M. D.  
, 19 (Address) Bourbon, 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 \_\_\_\_\_ DATE OF BURIAL Feb 15 1933

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

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.

227 1933

