

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

Do not use this space.

10008

**1. PLACE OF DEATH**

County Jackson  
Township Mitland  
City Doniphan (No. ....)

Registration District No. H13  
Primary Registration District No. H2H5

File No. ....  
Registered No. 7  
St. .... Ward)

**2. FULL NAME**

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

**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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>U. Belle Lingo</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 10 1863</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>6</u>
	DAYS <u>2</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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)..... 11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pharos County Missouri</u>		
MOTHER FATHER	13. NAME <u>Lingo</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mrs. Belle Lingo</u> (ADDRESS) <u>Doniphan, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mitland Cem.</u> DATE <u>3/14/33</u>		
19. UNDERTAKER <u>West City Undert Co</u> (ADDRESS) <u>West City, Mo.</u>		
20. FILED <u>4/8</u> 19 <u>33</u> <u>H.A. Weaver</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 1933

22. I HEREBY CERTIFY, That I attended deceased from March 12 1933 to March 12 1933  
I last saw him alive on March 12 1933. Death is said to have occurred on the date stated above, at 4:50 p. m.

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

Cerebral Hemorrhage  
O.R.A.  
O.R.A.  
J.P.W.

Other contributory causes of importance:  
Date of onset

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?.....  
If so, specify.....  
(Signed) C.F. Mason A.B.  
(Address) West City, Mo.

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.

APR 22 1933  
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MARGIN RESERVED FOR BINDING

V. S. NO. 2

