

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

Do not use this space.

12723

**1. PLACE OF DEATH**

County Clay Registration District No. 203  
Township Wentz Primary Registration District No. 4122  
City Smithville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 11

**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>Laura Henning Lincoln</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-14-1856</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>8</u>
	DAYS <u>10</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. <u>retired farmer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1-9-25</u>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty, Mo.</u>		
FATHER	13. NAME <u>Jas. Lincoln</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT (ADDRESS) <u>Clarence Lincoln Smithville, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smithville, Mo. 4-25-33</u>		
19. UNDERTAKER (ADDRESS) <u>McDouglas Undertaking Co. Smithville, Mo.</u>		
20. FILED <u>4-25-1933</u> <u>E. C. Hill</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24-1933

22. I HEREBY CERTIFY, That I attended deceased from 1-10-, 1933, to 4-24, 1933  
I last saw him alive on 4/24, 1933 Death is said to have occurred on the date stated above, at 6:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
Dilatation of heart  
9:50  
Other contributory causes of importance:  
Dropy  
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) E. C. Hill M. D.  
(Address) Smithville Mo.

WRITE CLEARLY, 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.  
MAY 22 1933

