

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

Do not use this space.

26941

1. PLACE OF DEATH

58 County Linn County Mo. Registration District No. 496
Township Yellow Creek Primary Registration District No. 5670
City St. Catherine (No. _____) St. _____ Ward _____

File No. _____
Registered No. 61

2. FULL NAME Ardelia Lineberry

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Oren Lineberry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 6 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home maker
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) Tazwell County
(STATE OR COUNTRY) Virginia

13. NAME Bazwell Scott

14. BIRTHPLACE (CITY OR TOWN) Virginia (State)
(STATE OR COUNTRY) city unknown

15. MAIDEN NAME Marinda Carter

16. BIRTHPLACE (CITY OR TOWN) Virginia (State)
(STATE OR COUNTRY) city unknown

17. INFORMANT Miss Mary Jane Morris
(ADDRESS) St. Catherine

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wyandotte DATE August 11, 1933

19. UNDERTAKER Mo. V. Busk
(ADDRESS) 418 Linn Street

20. FILED 8-11-33 6 E. J. ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1931 to Aug 8, 1933
I last saw her alive on Aug 8, 1933. Death is said to have occurred on the date stated above at 8 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 8/6/33
Arterio Sclerosis
Other contributory causes of importance _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis Cholesterol 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) Roy R. Haley, M. D.
(Address) 32 Lockfield, 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. SEP 26 1933

