

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

JAN 26 1934

1. PLACE OF DEATH

County Wayne
 Township Cedar Creek
 City Cascade (No. _____)

Registration District No. 893Primary Registration District No. 6195File No. 38947

Registered No. _____

St. _____ Ward)

2. FULL NAME Linda Lea Armbruster

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-6-1933</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
			<u>1</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Infant</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) Cascade (STATE OR COUNTRY) Mo13. NAME Adam C. Armbruster14. BIRTHPLACE (CITY OR TOWN) St. Genevieve (STATE OR COUNTRY) Mo15. MAIDEN NAME Edna J. Myers16. BIRTHPLACE (CITY OR TOWN) Marion, Mo (STATE OR COUNTRY)17. INFORMANT J. Myers (ADDRESS) Cascade Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Ruth Cem DATE 11-8, 193319. UNDERTAKER Jasper Johnson (ADDRESS) Cascade Mo20. FILED Nov 11, 1933 J. F. Pauline Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1933

22. I, HEREBY CERTIFY, That I attended deceased from birth, 19____, to _____, 19____.

I last saw him alive on Nov 6, 1933. Death is saidto have occurred on the date stated above, at 12 m.

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

No parietal bones. - Brain & membranes exposed. Really no head above ears. Body elsewhere developed perfectly.Other contributory causes of importance: None

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Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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) Adam F. Wagner, M. D.(Address) Marion, Mo

