

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

Do not use this space.

40489

1. PLACE OF DEATH  
 County Gasper Registration District No. 416  
 Township Barren Primary Registration District No. 4248  
 City Sarcoux (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Walter James Linder  
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Evajennie Linder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	52	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain-Byer

10. Date deceased last worked this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Newton Co. (STATE OR COUNTRY) Missouri

MOTHER FATHER

13. NAME James W Linder

14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

15. MAIDEN NAME Sarah Willoughby

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT Lorrene Childs (ADDRESS) Cerris, Illinois

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Sarcoux cem. DATE Jan 2 1934

19. UNDERTAKER Spew C. Cole (ADDRESS) Sarcoux, Missouri

20. FILED Jan 1 1934 Sam Simmonds Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1933, to Dec 30 1933  
 I last saw him alive on Dec 30 1933 Death is said to have occurred on the date stated above, at 7 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset free 1932  
23 A  
 Other contributory causes of importance: 23

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Sam Simmonds M. D.  
 (Address) Sarcoux, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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 very important.

