

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

Do not use this space.

8164

1. PLACE OF DEATH

County Carroll
Township Carrollton
City Carrollton (No.)

Registration District No. 135
Primary Registration District No. 3010

File No.
Registered No. 84
St. Ward

2. FULL NAME Emmett Linnins

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Della Smith Linnins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 15 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 11 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Carroll County Mo

13. NAME David Linnins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Mo

15. MAIDEN NAME Jane Atkinson

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

17. INFORMANT (ADDRESS) Mrs. Emmett Linnins Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Mar 7 34

19. UNDERTAKER (ADDRESS) Standard

20. FILED 3-6 1934 Juth Heskin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 1934

22. I HEREBY CERTIFY, That I attended deceased from 9:30 1833, to March 3 1934
I last saw him alive on Mar 4 1934 Death is said to have occurred on the date stated above, at 8:25 Am.

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

Influenza Date of onset 2/26-28

11/2
1/5/34

Other contributory causes of importance:

Alcoholism 9-1-33

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) Charles S. Austin, M. D.
(Address) Carrollton 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.

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