

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.

11785

1
2
7
MAY 25-1934

PLACE OF DEATH

County Adair
Township
City Kirksville (No.)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 67 St. Ward)

2. FULL NAME

Mary E. Linder

(a) Residence, No. Kirksville Mo 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-20-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Retail
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) Mo.

MOTHER FATHER 13. NAME Washington W. Conner

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

15. MAIDEN NAME Martha W. Jones

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

17. INFORMANT W. P. Linder (ADDRESS) Kirksville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Platt Creek DATE 4-11- 1934

19. UNDERTAKER Dee Riley (ADDRESS) Kirksville Mo

20. FILED April 10, 1934 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1934 to April 7, 1934
I last saw her alive on April 7, 1934 Death is said to have occurred on the date stated above, at 2 a.m.

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

Mind had been affected for last 3 yrs
gradually became weaker resulting in death
Date of onset
Other contributory causes of importance:
Senile Dementia
Chronic nephritis.

Name of operation None Date of 10/21
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) W. B. Hills, D.O.
(Address) Kirksville Mo

