

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

Do not use this space.

**1. PLACE OF DEATH**

County Adair Registration District No. 4 File No. 23023  
 Township Brown Primary Registration District No. 3001 Registered No. 141  
 City Hotchkissville (No. Iron Smith Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Jessie Browning Linhart

(a) Residence, No. Browning, Mo. St. \_\_\_\_\_ Ward. Browning, Mo.  
 (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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
13 1 25

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. \_\_\_\_\_  
 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) Browning, Mo.

13. NAME Custer Linhart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Browning, Mo.

15. MAIDEN NAME Grace Lee Baker

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

17. INFORMANT Mrs. Custer Linhart  
 (ADDRESS) Browning, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Interment DATE 7/29 1934

19. UNDERTAKER Spencer Freeman  
 (ADDRESS) Hotchkissville, Mo.

20. FILED July 27, 1934 Spencer Freeman  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1934, to July 26, 1934.  
 I last saw her alive on July 26, 1934. Death is said to have occurred on the date stated above, at 2:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

Appendicitis (acute) Date of onset 7-5-34  
Ruptured + peritonitis

Other contributory causes of importance 12/18  
17/10  
12/10

Name of operation Peritonitis Abscess drainage Date of 7-26-34  
 What test confirmed diagnosis? Operation 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? No  
 If so, specify \_\_\_\_\_

(Signed) George E. Grinn M. D.  
 (Address) Hotchkissville, Missouri

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

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.

AUG 14 1934

