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.

SEP 29 1934

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

Do not use this space.

1. PLACE OF DEATH
County Nodaway
Township
City Burlington Jct. Mo (No. , St. Ward)

Registration District No. 618
Primary Registration District No. 5820

File No. 33571
Registered No.

2. FULL NAME Troy Linville

(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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Vernie Linville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 8, 1909

7. AGE: YEARS 25 | MONTHS 3 | DAYS 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer O. K. C. A.
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): Beaver City Nebr

FATHER
13. NAME: Fred Linville
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Skidmore Mo

MOTHER
15. MAIDEN NAME: Jose Schrader
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nebraska

17. INFORMANT (ADDRESS): Mrs. Vernie Linville Burlington Jct. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Quitman, Mo DATE Sept 26, 1934

19. UNDERTAKER (ADDRESS): J. R. Hann Burlington Jct. Mo

20. FILED Sept 26, 1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1934 to , 19
I last saw him on died suddenly, 1934. Death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Was run down by freight train on private railroad crossing on Poe farm died instantly. He was operating a tractor

Other contributory causes of importance:

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? accident Date of injury Sep 24, 1934
Where did injury occur? Burlington Jct Nodaway Co (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
on private R R crossing
Manner of injury was crossing the R R with a tractor
Nature of injury many fractures, head back and kind

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [signature] M. D.
(Address) Burlington Jct Mo