FEB 25 1935

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

Do not use this space.

1027

1. PLACE OF DEATH
County Harrison
Township ~~Trail Creek~~
City Mt. Moriah, Mo. (No. ..... St. ..... Ward)

Registration District No. 339
Primary Registration District No. 4202

File No. .....
Registered No. 3

2. FULL NAME Mary K. Linthacum

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Linthacum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/21/1849

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
85	11	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Illnois

PARENTS

10. NAME OF FATHER Jack Bondurant
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Illnois
12. MAIDEN NAME OF MOTHER Kesiah Magee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) not known

14. INFORMANT L. B. Linthacum
(Address) Mt. Moriah, Mo.

15. FILED 1/31, 1935 Mrs C. J. Sellers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/30/1935 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1935, to Jan 30, 1935, that I last saw her alive on Jan 30, 1935, and that death occurred, on the date stated above, at 12-15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-Sclerosis

..... (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No test
(Signed) C J Sellers, M. D.
, 19 (Address) Mt. Moriah Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Antioch Cmty	1-31 1935
20. UNDERTAKER J M Chambers	ADDRESS Mt. Moriah 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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6
1
2
2
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