

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.

1339

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 4202) Roanoke Road St. _____ Ward _____

2. FULL NAME

Frank E. Linn

(a) Residence, No. 4202 Roanoke Road St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 23, 1861</u> | | |
| 7. AGE YEARS <u>73</u> | MONTHS <u>9</u> | DAYS <u>21</u> |
| IF LESS than 1 day, _____ hrs. or _____ min. | | |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired From</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Tire & Motor Service</u> |
| | 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) Illinois

FATHER 13. NAME William T. Linn

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Mary M. Brickley

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Miss Julia Mae Linn
4202 Roanoke Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan. 16, 1935

19. UNDERTAKER (ADDRESS) Freeman Mortuary and Chapel
104 West 42nd Street

20. FILED Jan 15, 1935 M. M. Cronk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14-35, 1935

22. I HEREBY CERTIFY, that I attended deceased from Jan 9, 1935, to Jan 14, 1935.
 I last saw him alive on Jan 14, 1935. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis Chronica
Arteriosclerosis (Gen)
Chr. Arteritis
 Date of onset _____

Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Cholesterol 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 _____

(Signature) H. P. Bayhron M. D.
 (Address) 1032 S. W. 1st St. K. C. Mo

Handwritten scribbles

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