

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

Do not use this space.

4821-1

JUL 19 1935

1. PLACE OF DEATH
 County Lafayette Registration District No. 5319 234
 Township Oak Hill Primary Registration District No. 234 319
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME Mary Elizabeth Linnell
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew J. Linnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-23-1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 5 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife
 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) Lafayette Co. Mo.

FATHER
 13. NAME Thos. Connor
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
 15. MAIDEN NAME Sallie A. Followell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT George J. Connor
 (ADDRESS) Cuba, Route 27

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Steele Cem. DATE 2/19/1

19. UNDERTAKER Ed Long
 (ADDRESS) Cuba Mo.

20. FILED 7/18 1935 Sam. C. Bayless
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17-1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Acute Myocarditis
Crown Sclerosis
 Other contributory causes of importance _____

Name of operation _____ Date of _____
 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) Albert Elroy Brown, M. D.
 (Address) Bowling Mo.

WHITE 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.

