

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

Do not use this space.

5261

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Kaw Primary Registration District No. 3002
 City Kansas City (No. 518 West 13th St.) St. _____ Ward _____

2. FULL NAME Donald Linabury

(a) Residence, No. 518 West 13th 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 Mrs. Irene Linabury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17, 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
49 2 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weights & Measures

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office--City Hall

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) Pontiac Michigan

13. NAME George Linabury

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Arnold Gilmore 4549 Prospect

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 2/4/35 19 _____

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 West Linwood

20. FILED 2-3 1935 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1935 1935

22. I HEREBY CERTIFY that I attended deceased from Jan 17th 1935, to Feb 1st 1935

I last saw him alive on Jan 3 1935. Death is said to have occurred on the date stated above, at 11:15 A M

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance:
Pulmonary Tuberculosis - Gassed in military - (History) - Service during war

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

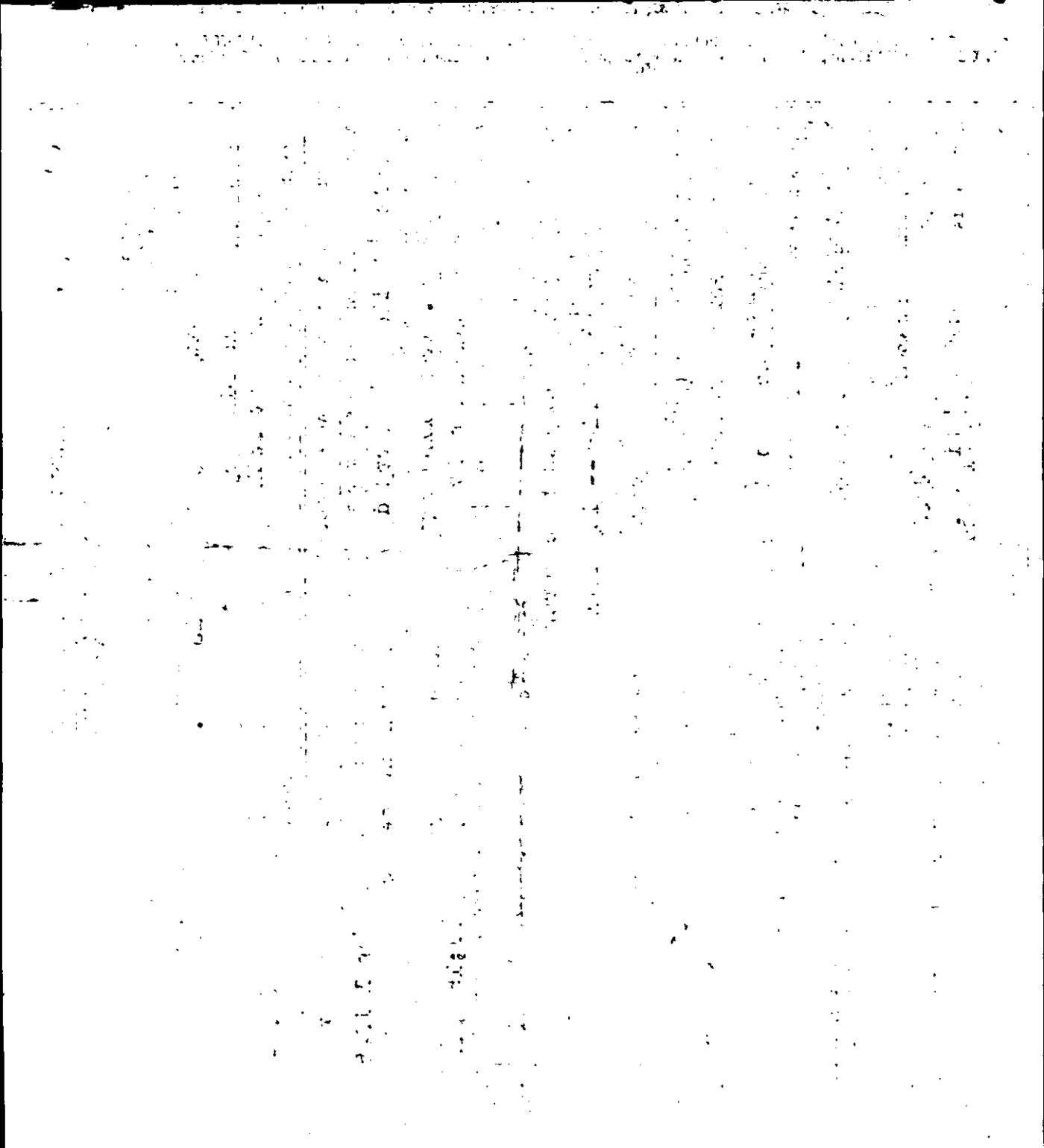
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) D. H. Halyard, M. D.
 (Address) 1700 Summit

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.



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No..... St..... Ward)

File No.....
Registered No. 548

2. FULL NAME

Don Linabury

(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

3. SEX..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word).....

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

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

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

13. NAME.....

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

15. MAIDEN NAME.....

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

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS).....

20. FILED 2/3 1935 *M. M. Crowe, asst Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from..... to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date named above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

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)....., M. D.

(Address).....

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1928-55