NOV 19 1935

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

Do not use this space.

32135

1. PLACE OF DEATH

County Carroll — Registration District No. 138 — File No.

Township Egypt — Primary Registration District No. 5196 — Registered No. 92

City ..... (No. ..... St. ..... Ward)

2. FULL NAME William L. Linville

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

Length of residence in city or town where death occurred yrs. 61 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~~ Francis Linville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7, 1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
88	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 1923
11. Total time (years) spent in this occupation 71 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Donald Linville
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennisee

MOTHER

15. MAIDEN NAME Saffira Bales
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennisee

17. INFORMANT (ADDRESS) D. L. Linville Norbone Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Providence DATE Oct 15 1935

19. UNDERTAKER (ADDRESS) Deitch & Minnis Norbone Missouri

20. FILED Oct 23 1935 B. C. Cole M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-13th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct-1- 1935 to Oct 13th 1935
I last saw him alive on Oct-13th 1935 Death is said to have occurred on the date stated above, at 9a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	Oct-7-35

Other contributory causes of importance: None

Name of operation — Date of .....
What test confirmed diagnosis? Bedside 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) B. C. Cole, M. D.
(Address) Norbone 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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