FEB 19 1936

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

Do not use this space.

1944

1. PLACE OF DEATH
County Lafayette — Registration District No. 466 — File No.
Township — Primary Registration District No. 4279 — Registered No. 1
City Wellington (No. , St. Ward)

2. FULL NAME Robert Linss

(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: 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: Elizabeth Linss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept-2-1860

7. AGE: YEARS 75 — MONTHS 4 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hdw. Merchant
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): Jan 3, 1936
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warrenton - Warren Co. Missouri

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Elizabeth Linss Wellington Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Odd Fellows Cemetery - Wellington Mo. DATE: Jan-8 1936

19. UNDERTAKER (ADDRESS): H. F. Duensing Concordia Mo

20. FILED Jan 8th, 1935 F. W. Mann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan-6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1936, to Jan 6th, 1936
I last saw him alive on Jan 6th, 1936. Death is said to have occurred on the date stated above, at 9:05 p.m.
The principal cause of death and related causes of importance were as follows:

Automobile Accident
Internal Hemorrhage and Thoracic Cavity.
No autopsy.

Date of onset: Jan 5/36

Other contributory causes of importance:
Age and impaired Vitality

Name of operation: Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 5, 1936
Where did injury occur? Route 24 mile East of Lexington (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Lafayette Co. Mo.
Manner of injury: Crashed in Sedding Car
Nature of injury: Ruptured Artery in Chest Cavity

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. W. Mann, M. D.
(Address) Wellington Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.