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

MAR 21 1936

Do not use this space.

5802

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 601

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. St. Joseph Hosp. St. Ward)

2. FULL NAME Bernard Linnenbrink

(a) Residence, No. 5741 Bales St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma.
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31st. 1901

7. AGE: YEARS 34 — MONTHS 10 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
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) Missouri

FATHER

13. NAME Simon Linnenbrink
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Mary Holderman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Leona Linnenbrink (ADDRESS) 5741 Bales

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 2-7 1935

19. UNDERTAKER W. F. Mayberry (ADDRESS) City

20. FILED 2/5 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4th. 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1936, to Feb 4, 1936
I last saw him alive on Feb 4, 1936. Death is said to have occurred on the date stated above, at 4 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
108	
Lobar Pneumonia left lower	1-28-36

Other contributory causes of importance:

Respiratory failure

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? yes

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 —

(Signed) F B Wallace, M. D.
(Address) 703 Lathrop Bldg

Sta 7051
13° to 5 P.M.