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.

MAR 25 1936

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

Do not use this space.

8635

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 A — Registered No. 78
City Luxemburg (No. 3704 Viking St. Ward)

2. FULL NAME Mabel Elizabeth Linvill
(a) Residence, No. 3704 Viking 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: f
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: Russel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 3 - 1906

7. AGE: YEARS 29 — MONTHS 6 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

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.: home
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): Indiana

FATHER
13. NAME: William B Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Ada Mossburg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Russell Linvill, 3704 Viking

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kingstown Ind — DATE: Feb 26-36

19. UNDERTAKER (ADDRESS): Fendler Ind Co, 744 Tennessee Ave

20. FILED Feb. 21 1936 G Moody, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/20/36, 19

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 5:30 PM
The principal cause of death and related causes of importance were as follows:

Shock from uterine hemorrhage
Pulmonary TB both species
Lobar pneumonia all of lower lobe. Self produced abortion.

Other contributory causes of importance:
Uterine hemorrhage; toxic pneumonia; shock.

Name of operation ..... Date of .....
What test confirm diagnosis? autopsy 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?
If so, specify
(Signed) W. W. Eader, M. D.
(Address) 7310 Michigan

DEC 1 1942