

JUL 20 1936

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

Do not use this space.

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1. PLACE OF DEATH

County *Dauphas*  
Township *Boone*  
City *Route, Aug, Mo.* (No. ...., St. .... Ward)

Registration District No. *272*  
Primary Registration District No. *5384*

File No. ....  
Registered No. *93*

2. FULL NAME *Genevieve Linder*

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-19* 19*36*

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 8-1925*

19... to 19... 19...  
I last saw her alive on *June 18*, 19... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
*11* *11*

to have occurred on the date stated above, at *5 P.M.*  
The principal cause of death and related causes of importance were as follows:

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 .....

*General Septicemia* Date of onset *Apr. 26/36*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sueden Mo*

Other contributory causes of importance:  
*Accidental injury to ankle from jumping*

13. NAME *Rayman Linder*

Name of operation *Drainage of abscess* Date of .....

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

What test confirmed diagnosis? *Abcess* Was there an autopsy? *No*

15. MAIDEN NAME *Ruby Elliott*

23. If death was due to external causes (violence), list also the following: Accident, suicide, or homicide? .....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sueden, Mo*

Where did injury occur? .....

17. INFORMANT (ADDRESS) *G. Linder*

Specify whether injury occurred in private place, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Dauphas* DATE *6-20* 19*36*

Manner of injury .....

19. UNDERTAKER (ADDRESS) *Friends*

Nature of injury .....

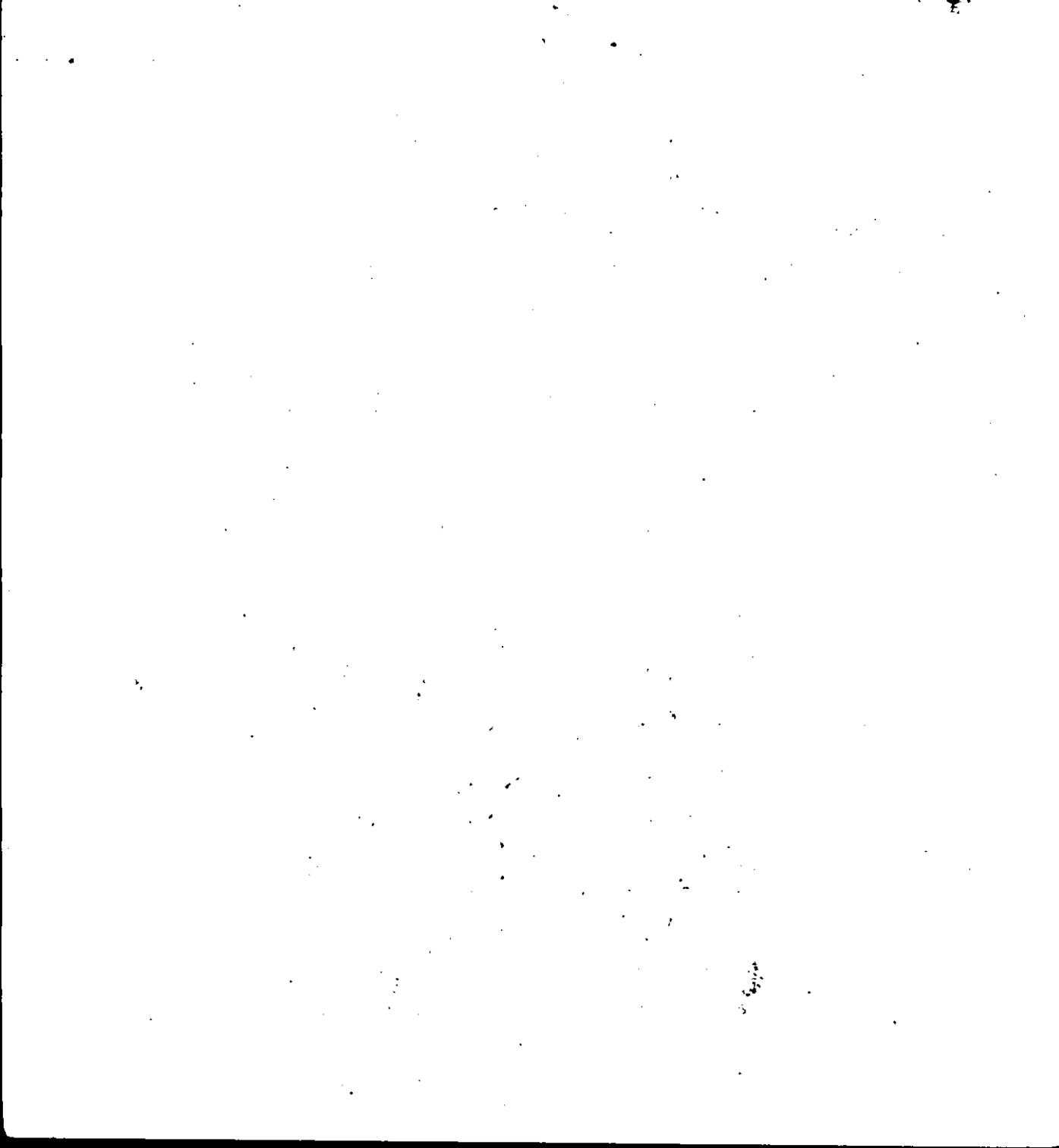
20. FILED *7-10* 19 *36* *Henry Burke* Registrar.

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify .....

(Signed) *R. M. Norman*, M. D.  
(Address) .....

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**

Do not use this space.

**1. PLACE OF DEATH**

County Douglas  
Township Booke  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 272  
Primary Registration District No. 3384

File No. \_\_\_\_\_  
Registered No. 93  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jewell Linder

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-36

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

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

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 11 11

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

OCCUPATION  
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 \_\_\_\_\_

General Septicemia Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Other contributory causes of importance:  
accidental injury to ankle from jumping

FATHER  
13. NAME \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 6-18-36

MOTHER  
15. MAIDEN NAME \_\_\_\_\_

Where did injury occur? at Public School Room  
(Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.  
Public place

17. INFORMANT (ADDRESS) \_\_\_\_\_

Manner of injury Jumping  
Nature of injury Ankle - contusion

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

24. Was disease or injury in any way related to occupation of deceased? NO

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

If so, specify \_\_\_\_\_  
(Signed) R. M. Norman, M. D.

20. FILED 9-10 1936 Henry Burke Registrar

(Address) and 710

SUPPLEMENT

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

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