

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

Do not use this space.

25952
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1. PLACE OF DEATH *July 18 1936*
 County *Way* Registration District No. *201*
 Township *Fishing River* Primary Registration District No. *5280*
 City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME *Queenidilla Lingenjelter*
 (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 *83* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* **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 *George Lingenjelter*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 16-1853*

7. AGE YEARS *83* MONTHS *2* DAYS *20* If LESS than 1 day, _____ hrs. or _____ min.

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. *for self*

10. Date deceased last worked at this occupation (month and year) *4 mo* **11. Total time (years) spent in this occupation** *65*

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

FATHER
13. NAME *James Levi*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

MOTHER
15. MAIDEN NAME *Nancy Whitesman*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri City Mo*

17. INFORMANT (ADDRESS) *Rutha Purvis, wife of _____ Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *near Ferguson City Mo* **DATE** *July 7 1936*

19. UNDERTAKER (ADDRESS) *Church Undertaking Co*

20. FILED *77* 19 *6* *E. T. B. Hunt* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 6 1936*

22. I HEREBY CERTIFY that I attended deceased from *June 14 1936* to *July 6 1936*
 last saw him/her alive on *July 4 1936* Death is said to have occurred on the date stated above, at *11 P* m.
 The principal cause of death and related causes of importance were as follows:
Senility - Arteriosclerosis Date of onset _____

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Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) *W. S. Nyson* _____ M. D.
 (Address) *Liberty Mo*

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD.

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.

FORM 2-19-35 I X784

