

OCT 21 1936

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

Do not use this space.

38643

1. PLACE OF DEATH

County Phelps
Township Arbuckle
City (No.)

Registration District No. 676
Primary Registration District No. 5988
5-9-36

File No.
Registered No. 75
St. Ward)

2. FULL NAME

Edward Linze

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Linze</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 18 - 1870</u>		
7. AGE	YEARS	MONTHS
	<u>65</u>	<u>11</u>
		DAYS
		<u>26</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Tanning</u>
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY) Ohio13. NAME Do not know14. BIRTHPLACE (CITY OR TOWN) Do not know
(STATE OR COUNTRY)15. MAIDEN NAME Do not know16. BIRTHPLACE (CITY OR TOWN) Do not know
(STATE OR COUNTRY)17. INFORMANT Laura Linze
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE Corn Creek DATE Oct 16 193619. UNDERTAKER See Johnson
(ADDRESS) Newburg Mo20. FILED Oct 15 1936 B. T. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 193622. 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 10:30 a.m.

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

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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.

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24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) W. E. Kiehlber corner....., M. D.(Address) St James mo.

Date of onset

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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.

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

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