

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

Do not use this space.

DEC 28 1936

41809

1. PLACE OF DEATH

County Linn
Township Brookfield
City Brookfield (No. _____)

Registration District No. 496
Primary Registration District No. 3025

File No. _____
Registered No. 93
St. _____ Ward _____

2. FULL NAME

Margaret Linton
(a) Residence, No. 202 Penn St., 4 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OF RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Blyde Linton</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 15 1861</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>-</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		
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) <u>Tipperary Ireland</u>		
13. NAME <u>Thomas O'Keefe</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>D. K.</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT (ADDRESS) <u>Mrs L. W. Hoover Brookfield Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Michael</u> DATE <u>Nov 22 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Hill Funeral Chapel Brookfield Mo</u>		
20. FILED <u>12/19/36</u> 19. _____ Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1936, to Nov 20 1936
I last saw h. er alive on Nov 20 1936 Death is said to have occurred on the date stated above, at 2:50 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset Nov 17

Other contributory causes of importance:
None

Name of operation None Date of _____
What test confirmed diagnosis? Cerebral 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? No
If so, specify _____
(Signed) J. H. Evans M. D.
(Address) Brookfield Mo

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.

