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.

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

JAN 18 1937

Do not use this space.

85

43840

1. PLACE OF DEATH

County Buchanan, Registration District No. 1001 File No.

Township Primary Registration District No. Registered No. 1535

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Jesse Lee Lininger,

(a) Residence, No. St., Ward. Highland, Kansas,
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Nellie Irene Lininger,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 29, 1878

7. AGE: YEARS 58 | MONTHS 3 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Filling Station,
10. Date deceased last worked at this occupation (month and year) December 1936
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfax, Missouri,

FATHER

13. NAME Amos Byron Lininger,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

MOTHER

15. MAIDEN NAME Lydia Seymour,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) Mrs. Jesse Lee Lininger Highland, Kansas,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland, Kans DATE Dec. 15th, 1936

19. UNDERTAKER (ADDRESS) Heaton-Bergole & Bowman 519 So. 10th. Str. Funeral Home

20. FILED Dec 15, 1936 A J Nettebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1936, to 12-15, 1936

I last saw h[illegible] alive on 12-14, 1936 Death is said to have occurred on the date stated above, at 5:45 a.m.

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

Acute Coronary Thrombosis 7 days
Heart disease Arteriosclerosis?

Date of onset

Other contributory causes of importance: —

Name of operation Date of

What test confirmed diagnosis? Fundus Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO 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) H W Clark, M. D.

(Address) 307 Pr S Bld, St Joseph Mo.