

FEB 23 1937

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

Do not use this space.

1

4570

1. PLACE OF DEATH  
 150 County Scott Registration District No. 814  
 Township Moreland Primary Registration District No. 6063  
 City (No. 25) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jedure Link  
 (a) Residence, No. Benton Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1867

7. AGE YEARS 69 MONTHS 6 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 13. NAME Charles Link  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
 15. MAIDEN NAME Walburga Lux  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Theodore Goetz (ADDRESS) New Hamburg Mo  
 18. BURIAL, CREMATION, OR REMOVAL St. Lawrence Cem DATE Jan 10 1937  
 19. UNDERTAKER John Spalding (ADDRESS) Benton Mo  
 20. FILED Jan 9 1937 U. S. P. Haw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to Jan 8 1937  
 I last saw him alive on Jan 8 1937 Death is said to have occurred on the date stated above, at 9 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Labar Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance 108

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

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) U. P. Haw M. D.  
 (Address) Benton 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.

