FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
100 County Scott — Registration District No. 816 — File No. 4575
4 Township — Primary Registration District No. 4492 — Registered No. 1
4 City Chaffee (No. , 2 St. Ward)

2. FULL NAME Melvin Pinkney Lincoln
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Georgie Sanders Lincoln

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 13, 1913

7. AGE: Years 24 — Months 10 — 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.: Laborer
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): Lutesville, Mo

FATHER
13. NAME: Dan Lincoln
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bollinger Co Mo

MOTHER
15. MAIDEN NAME: Radie Newell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bollinger Co Mo

17. INFORMANT (ADDRESS): Mrs Dan Lincoln Chaffee Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lightner Cem. Illmo, Mo DATE: Jan 31. 1937

19. UNDERTAKER (ADDRESS): Bistlinghoff & Hubbard Chaffee Mo

20. FILED 1/30 1937 W. O. Finney Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jany 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jany 25, 1937, to Jany 29, 1937
I last saw him alive on Jan 29, 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:

| | Date of onset |
|---|---|
| Influenza, Pharyngitis, Hemorrhages. Nose. Throat Bowels. Hemptenesis. Streptococcus Hemolytic | about 1/14/37 |
| Other contributory causes of importance: Cervical adenitis | 2 wks |

Name of operation: None — Date of
What test confirmed diagnosis? Clinical — 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) W. O. Finney, M. D.
(Address) Chaffee 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.