MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Bates
Township: Deer Creek
City: Adrian (No. ..., ..., St. ..., Ward)

Registration District No. 47
Primary Registration District No. 4027

File No. 4926
Registered No. 3

2. FULL NAME: Nannie A. Linfus

(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: George M. Linfus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20-1861

7. AGE: Years 75 | Months 8 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Bucatt Mo.

FATHER
13. NAME: Thomas Dunegan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER
15. MAIDEN NAME: Martha Flint
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT: Margaret Mitchell
(ADDRESS) Joplin Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Crescent Hill DATE: 2/16 1937

19. UNDERTAKER: Leeath & Sirt
(ADDRESS) Adrian

20. FILED Feb. 18 1937 Ethel C. Stephens
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/14 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17 1936 to Feb 14 1937
I last saw her alive on Feb 14 1937. Death is said to have occurred on the date stated above, at 8:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Appendicitis	

Other contributory causes of importance:
Myocarditis
Obesity
Acute

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) T. W. Hogan, M. D.
(Address) Archie 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.