

MAR 22 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 Homer
City Amoret (No. _____ St. _____ Ward _____)

Registration District No. 48
Primary Registration District No. 4028

File No. 11062
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

James Wallace Linney

(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 M. 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 Jessie A. Linney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-27-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 3 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator (grain)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Bush 2 yrs.

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) Millville Mo.

13. NAME Joseph Linney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Lavenia Wall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs Jessie A. Linney (ADDRESS) Hinotet Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Heatho Mo. DATE 3-19-1937

19. UNDERTAKER Archer & Mangold (ADDRESS) Hinotet Mo.

20. FILED 3/19 1937 mo Carl Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

CORONARY THROMBOSIS

Other contributory causes of importance: CHD

Died while sitting in his chair at home.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____ (Signed) Robert D. H. M.D., M. D.

(Address) Rick Hill, Mo.

Coroner, Bates Co. Missouri

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.

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1866 - 11 - 27

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