

MAY 18 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County CallawayRegistration District No. 104

Township

Primary Registration District No. 3008City Fulton(No. 4)

St. \_\_\_\_\_ Ward) \_\_\_\_\_

File No. 15890Registered No. 1122. FULL NAME John O. Lingle(a) Residence, No. Hannibal, Missouri St. 1 Ward.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

da. 25

How long in U. S., if of foreign birth? yrs. mos. da.

(If nonresident, give city or town and State)

## 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)

DK

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... mln.

about 70

## OCCUPATION

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

Store Clerk

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)

DK

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

DK

## FATHER

## 13. NAME

DK

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

DK

## MOTHER

## 15. MAIDEN NAME

DK

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

DK

## 17. INFORMANT (ADDRESS)

Hospital Record

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Hannibal, Mo DATE April 19 1937

## 19. UNDERTAKER (ADDRESS)

Geo. S. Wallace  
Fulton, Mo.

## 20. FILED

Apr 19 1937 R. N. Crews  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 193722. I HEREBY CERTIFY, That I attended deceased from March 25 1937 to April 19 1937I last saw him alive on April 18 1937 Death is said to have occurred on the date stated above, at 2:26 A.M.

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

Cronic myoocarditis with myocardial degeneration

Date of onset

DK

Other contributory causes of importance:

Terminal Congestive Pneumonia 4/16/37

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? NO If so, specify \_\_\_\_\_(Signed) E. E. Lardis, M. D.(Address) Fulton 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.

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY

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