

JUN 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Clair Registration District No. 764
Township Center Primary Registration District No. 6007
City Larry City mo (No. 2 St. 1 Ward)

File No. 21183

2. FULL NAME

Mrs. Perseilla Link

(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 30 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 George P. Link

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>70</u>	<u>11</u>	<u>28</u>		

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) Stanton
(STATE OR COUNTRY) Augusta Co. Virginia

13. NAME David H. Grim

14. BIRTHPLACE (CITY OR TOWN) not given
(STATE OR COUNTRY)

15. MAIDEN NAME Martha Berger

16. BIRTHPLACE (CITY OR TOWN) not given
(STATE OR COUNTRY) Rockridge Co Virginia

17. INFORMANT G. P. Link
(ADDRESS) Adcoia mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kidds Chapel Cemetery 4/29/1937

19. UNDERTAKER H. C. Austin
(ADDRESS) Larry City mo

20. FILED April 29, 1937 J. H. Carter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from no physician, 19____, 19____

I last saw her alive on dead, 19____. Death is said to have occurred on the date stated above, at 5:30 m.

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

I was called the day of death
I have treated in hospital
Death caused acute myocardial

Other contributory causes of importance:

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? no 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) R. S. Stratton, M. D.
(Address) Larry City, 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.

