

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lewis
Township Canton
City..... (No., St. Ward)

Registration District No. 477
Primary Registration District No. 5641

File No. 27658
Registered No. 98

2. FULL NAME L. Berry McLinn

(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 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 MaryEllen Spidle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 0 0

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

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) Scotland County
(STATE OR COUNTRY) Missouri

13. NAME N. B. McLinn

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

15. MAIDEN NAME Nancy Turner

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

17. INFORMANT Mrs. Tim Little
(ADDRESS) Canton Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Deer Ridge Mo DATE Aug. 10, 1937

19. UNDERTAKER Earl H. Barkley
(ADDRESS) Canton Missouri

20. FILED 8-10, 1937 H. W. Harvey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 19 37

22. I HEREBY CERTIFY, That I attended deceased from May 20th, 1937, to Aug 8th, 1937
I last saw him alive on Aug 5th, 1937. Death is said to have occurred on the date stated above, at 12:P a.m.

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

Carcinoma of lower lip
Metastatic condition of lower bowel 45
Date of onset

Other contributory causes of importance:

Hemorrhage of lower bowel

Name of operation Date of
What test confirmed diagnosis? Biopsy 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 l
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) L. E. Carr M. D.
(Address) La Grange 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.

