

DEC 14 1937

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

40713
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1000 Registered No. 1270
 (c) City St. Joseph (d) Street No. St. Joseph's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry McKenzie Lint

(a) Residence, No. 120 Alabama Ave St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara E. Lint

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1937, to Nov 19 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1863

I last saw him live on Nov 18, 1937 Death is said to have occurred on the date stated above, at 3:15 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 7

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician and U. S. Govt. meat Insp.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 30

Gastric Ulcer Perforated Date of onset 11/6/37
117A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sommerset Co. Penn.

Other contributory causes of importance: Sub Phrenic abscess 11/2/37

FATHER 13. NAME Joseph Lint

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

Name of operation gastrostomy Date of 11/7/37
 What test confirmed diagnosis? Clinical Was there an autopsy? yes

MOTHER 15. MAIDEN NAME Rebecca McKenzie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

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.

17. INFORMANT Clara L. Lint
 (ADDRESS) 120 Alabama Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Falls City, Neb. DATE Nov. 23, 1937

Manner of injury _____
 Nature of injury _____

19. FUNERAL DIRECTOR Clark Hortuary
 (ADDRESS) 5025 King Hill Ave.

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) A. R. Johnson M. D.

20. FILED 11-22-37 A. J. Neatlebeck Local Registrar

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.

STATEMENT BY LICENSED EMBALMER

I, Earl A. Clark, Licensed Embalmer No. 3476
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl A. Clark
..... L. E.
No. 3476 or by; Registered Apprentice No.
working under my personal supervision.

Signed Earl A. Clark
Licensed Embalmer No. 3476

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan
Township.....
City St. Joseph

Registration District No.....
Primary Registration District No.....
(No. St. Joseph's Hospital)

File No.....
Registered No. 1270
St..... Ward.....

2. FULL NAME Henry McKenzie Lint

(a) Residence, No. 120 Alabama Ave. St..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara D. Lint

22. I HEREBY CERTIFY That I attended deceased from Nov 6 1937 to Nov 20 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1863

I last saw him alive on Nov 19 1937. Death is said to have occurred on the date stated above, at 3:15 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 4 8

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician and U. S.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt. Meat Inspt. Retired
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 30

Other contributory causes of importance: Post-renal Uremia Reported 11/16/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Somerset County Penn.

Post-renal Uremia Reported 11/19/37

13. NAME Joseph Lint

Name of operation of abdominal sutures closed Date of operation 11/19/37
What test confirmed diagnosis? Chemical Was there an autopsy? Yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

15. MAIDEN NAME Rebecca McKenzie

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Clara D. Lint (ADDRESS) 120 Alabama Ave.

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Falls City, Neb. DATE Nov. 23, 1937

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER Clark Mortuary (ADDRESS) 5025 King Hill

If so, specify (Signed) A. K. Lint M. D. (Address) St. Joseph, Mo.

20. FILED 1-7 19 38 N. J. Neff Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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