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.

REC'D AUG 23 1938

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

Do not use this space.

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No. 24572
Township — Primary Registration District No. 3001 — Registered No. 119
City Kirksville, (No. , St. Ward)

2. FULL NAME Marietta Virginia Linhart 563
(a) Residence, No. 203 S. Baltimore 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: S. H. Linhart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 30, 1849
7. AGE: YEARS 89 — MONTHS 3 — DAYS 14 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-keeper
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): Nov. 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ravenswood W. Va.

FATHER
13. NAME: Caroline Durnburger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown W. Va.

MOTHER
15. MAIDEN NAME: Samuel Safreed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknwon W. Va.

17. INFORMANT (ADDRESS): Edith Harris, 203 S. Baltimore, Kirksville
18. BURIAL, CREMATION, OR REMOVAL
PLACE North Salem DATE July 15, 1938
19. UNDERTAKER (ADDRESS): Davis Funeral Home Kirksville, Mo.
20. FILED July 13 1938 Spencer L. Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1938, to July 13, 1938
I last saw her alive on July 13, 1938. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
31	

Other contributory causes of importance:
myocardosis (chronic myocarditis)

Name of operation — Date of
What test confirmed diagnosis? Lab — 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) E. H. Laughlin, M. D.
(Address) Kirksville, Mo.