

REC'D AUG 24 1938

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

25028
Do not use this space.

1. PLACE OF DEATH

(a) County Chariton Registration District No. 176
(b) Township Cunningham Primary Registration District No. 5244 Registered No.
(c) City (d) Street No. 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 90 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Weltha Ann Linscott

(a) Residence, No. Cunningham 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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phillip N Linscott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23rd 1847

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
90 7 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation. life

12. BIRTHPLACE (CITY OR TOWN) Greenupburg Ky
(STATE OR COUNTRY)13. NAME Wm. H Tufts14. BIRTHPLACE (CITY OR TOWN) Ky
(STATE OR COUNTRY)15. MAIDEN NAME Angeline Abrams16. BIRTHPLACE (CITY OR TOWN) Ky
(STATE OR COUNTRY)17. INFORMANT Mrs Frank Lincott
(ADDRESS) Sumner Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sumner Mo DATE July 31 193819. FUNERAL DIRECTOR (NAME) S. L. Leopard
(ADDRESS) Mendon Mo20. FILED July 31 1938 Pearl Stevens
Miss Clyde Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 193822. I HEREBY CERTIFY That I attended deceased from May, 1935, to July 30, 1938I last saw her alive on June, 1938. Death is saidto have occurred on the date stated above, at 2 p. m.

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

Cerebral Hemiplegia
Calvary Apr 1935 - J. L.
2d time in Oct 37
died from Cerebral Softening
(General Paralysis)
Other contributory causes of importance:
Arteriosclerosis (Cerebral)

Date of onset

19351937

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) J. H. Harder, M. D.(Address) Sumner Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed..... 

Licensed Embalmer No. 3970

P. O. Address Mendon Mo.

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.)

If this body is not embalmed, above space should be left blank.