WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 25 1938

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

Do not use this space.

25752

1. PLACE OF DEATH
54 County Lafayette
Township Clay
10 City Wellington (No. ..... St. ..... Ward)

Registration District No. 466
Primary Registration District No. 4279

File No. .....
Registered No. 10

0 2. FULL NAME Jesse Ray Lineback 512

(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 Maude Lineback

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 1873

7. AGE YEARS 65 MONTHS 5 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mine
10. Date deceased last worked at this occupation (month and year) 3 months
11. Total time (years) spent in this occupation Same

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co. Missouri

FATHER
13. NAME James Lineback
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Miranda Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Maude Lineback Wellington Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Wellington Cem. DATE July 22 1938

19. UNDERTAKER (ADDRESS) Duensing Funeral Home Wellington Mo.

20. FILED July 21 1938 F. W. Mann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938 to July 20, 1938
I last saw him alive on July 20, 1938. Death is said to have occurred on the date stated above, at 9 15 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion. Date of onset 7/20/38

93 C

Other contributory causes of importance:
Coronary Sclerosis & Chronic Myocardial degeneration 1935.

Name of operation None Date of .....
What test confirmed diagnosis? Examination 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) Dr. J. C. Beltrami
415 (Address) Wellington Mo. D.O.