REC'D FEB 21 1939

Dup of 6027-39

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

1736
Do not use this space.

1. PLACE OF DEATH

(a) County Butler — Registration District No. 89

(b) Township Poplar Bluff — Primary Registration District No. 3007 — Registered No. 24

or

(c) City Poplar Bluff, Mo. (d) Street No. Poplar Bluff 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alford McCoy Link

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Sarah Link

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 10, 1865

7. AGE: YEARS 73 — MONTHS 11 — DAYS 21 — If LESS than 1 day, ... hrs. ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY): Carter County

FATHER
13. NAME: Geo. W. Link
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Jane Condray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Sarah Link, Ellsinore, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Robertson DATE: Feb. 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Grear-Croy Service, Poplar Bluff, Mo.

20. FILED 2/2, 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1939, to Jan 31, 1939. Last saw him alive on Jan 31, 1939. Death is said to have occurred on the date stated above, at 11:30 A.M.

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

	Date of onset
Bronchopneumonia	
Bilateral	Jan 15-39
Hypertensive Heart disease with Hypertrophy and Decompensation	1 year

Other contributory causes of importance:
Arterio sclerosis
Asthma

Name of operation: None Date of:
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) [signature], M. D.
(Address) Poplar Bluff Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 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. 3475

P. O. Address Poplar Bluff

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.