REC'D SEP 19 1939

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

29830
Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway. Registration District No. 625
(b) Township Primary Registration District No. 3031 Registered No. 115
(c) City or Maryville (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

514

2. PRINT FULL NAME JAMES TAYLOR LINVILLE.
(a) Residence, No. 906 West 2nd St. 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Alice B. Linville.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1853.

7. AGE: Years 86 Months 6 Days 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter.
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 Life.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg. Ky.

FATHER
13. NAME William Linville.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known.

MOTHER
15. MAIDEN NAME Margaret Peveler,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known.

17. INFORMANT Mrs. Alice B. Linville.
(ADDRESS) Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burlington Jct. Mo. DATE Aug 26, 1939

19. FUNERAL DIRECTOR (NAME) Price Funeral Home
(ADDRESS) Maryville Mo.

20. FILED Aug 25, 1939 Marvis E. Clardy
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1939.

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1939, to Aug 22, 1939
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	Not known
DTW	
Other contributory causes of importance: Bronchopneumonia	Aug 20-39

Name of operation — Date of
What test confirmed diagnosis? Clinically 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) F. A. Blackmer, M. D.
(Address) Maryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

[illegible]
[illegible] Health Officer No. 11
[illegible] 939-12/2
[illegible] SEP 14 1939

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 John W. Price

Licensed Embalmer No. 3229.

P. O. Address Maryville Mo

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

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