

NOV 21 1939

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

35623

Do not use this space.

## 1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
 (b) Township 1 Primary Registration District No. 3007  
 (c) City Poplar Bluff, Mo. (d) Street No. 721 North Main St. 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 Mary Susan Linton

(a) Residence, No. 721 North Main St. 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 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 John William Linton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 7 24

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. At home.  
 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) Graves County, Ky.13. NAME Josh Burnham14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Rayburn Linton  
(ADDRESS) Poplar Bluff, Mo.18. BURIAL, CREMATION, OR REMOVAL City Cemetery  
PLACE Poplar Bluff, Mo. DATE 10/10/193919. FUNERAL DIRECTOR (NAME) Frank Und. Co.  
(ADDRESS) Poplar Bluff, Mo.20. FILED 10/10 19 39 Obituary (address) Poplar Bluff, Missouri  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8 193922. I HEREBY CERTIFY, That I attended deceased from August 1938 to October 8 1939I last saw her alive on October 6 1939 Death is said to have occurred on the date stated above, at 6:10 p.m.

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

Cerebral Hemorrhage as a result of Hypertention.

Date of onset

Other contributory causes of importance: goutName of operation None 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? NO Date of injury NO 19Where 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 injury24. Was disease or injury in any way related to occupation of deceased? NOIf so, specify NO  
(Signed) J. W. M. D. M. D.(address) Poplar Bluff, Missouri

**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, .....

.....  
**Scott A. Cotrell**

....., or by **B.J. Brentlinger**

Registered Apprentice No. **208** ....., working under my personal supervision.

Signed.....

*Scott A. Cotrell*

Licensed Embalmer No. **3567**

P. O. Address **Poplar Bluff, 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.**