

FILED APR 12 1940

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

10083
Do not use this space.

1. PLACE OF DEATH
 (a) County Barton Registration District No. 40
 (b) Township Lamar Primary Registration District No. 4024 Registered No. 20
 (c) City Lamar (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Linnie Lee Julian
 (a) Residence, No. Lamar 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Levi W. Julian

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 1 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greys Point Missouri

FATHER 13. NAME Thomas Duvall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Sarah A. Quinn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Levey Smith (ADDRESS) Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pidge Point Cem. DATE April 12, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Konantz Funeral Home Lamar, Mo.

20. FILED Apr-1- 1940 Mrs. Josephine Mynatt (Address) Lamar, Mo.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1939, to March 31, 1940
 I last saw her alive on March 30, 1940 Death is said to have occurred on the date stated above, at 1:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Sarcena
(Osteogenic primary of rt hip)
 other contributory causes of importance:
50

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) James A. Atkins M. D.
 (Address) Lamar, Mo.

Date of onset
2 yrs ago

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.

RECEIVED

District Health Officer No. 6,

District File Number 4410-988

Date Filed APR 8 1940

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 H. Reser

Licensed Embalmer No. 4098

P. O. Address Lamar, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10083

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 40

Primary Registration District No. 4024

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days (Specify whether)

3. (a) PRINT FULL NAME Linnie Lee Julian
3. (b) If veteran, name war.
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife.
6. (c) Age of husband, or wife, if alive. year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

MOTHER FATHER {
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address

19. (a) Apr - 1 - 1940 (b) Mrs Josephine Meynath (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barton
(c) City or town Lamar (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

20. DATE OF DEATH: Month Mar day 31
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.

23. Signature James A. Alderson (Address) signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

