

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22703
Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair (b) Township Butler (c) City Lourey City Mo. (d) Street No. 32 (e) Length of residence in city or town where death occurred 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 514 St. Clair Co. Mo. Rural (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 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 Annie Mary Linville
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 1854
 7. AGE YEARS 86 MONTHS 4 DAYS 6 If LESS than 1 day,hra. ormin.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired 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) London (STATE OR COUNTRY) Kentucky

13. NAME Daniel B Linville

14. BIRTHPLACE (CITY OR TOWN) not Given (STATE OR COUNTRY) not Given

15. MAIDEN NAME Mary Irins

16. BIRTHPLACE (CITY OR TOWN) not Given (STATE OR COUNTRY) not Given

17. INFORMANT Mrs Eva Penfo (ADDRESS) 3514 Sidney St St Clair Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lourey City Cemetery DATE 6/23/1940

19. FUNERAL DIRECTOR (NAME) H. C. Austin (ADDRESS) Lourey City Mo

20. FILED 6/22 1940 Sopliand Straton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/21 1940

22. I HEREBY CERTIFY, That I attended deceased from 6/6/40 to 6/31/40
 I last saw him alive on 6/14/40, 1940. Death is said to have occurred on the date stated above, at 7:15 AM.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis (Cerebral Arteries)
 Date of onset 10 to 20 yrs previous

Other contributory causes of importance: Age 87 years

Name of operation Autopsy Date of 6/23/40
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Leop. Wright M. D.

Address Lourey City, Mo

RECEIVED

District Health Office No. 7,

District File Number 7-40-105-3

Date Filed 7-9-40

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. 3109

~~working under my personal supervision.~~

Signed H. C. Austin

Licensed Embalmer No. 3609

P. O. Address Lowry City, Mo.

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

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