FILED JAN 20 1942

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

Do not use this space.

41994

1. PLACE OF DEATH
County Holt — Registration District No. 370 — File No. 44
Township Forest — Primary Registration District No. 5516 — Registered No. 1
City / (No. , St. Ward)

2. FULL NAME Larry Alvin Lincoln
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 30, 1941
7. AGE: YEARS | MONTHS | DAYS 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, 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) Forest City, Missouri

FATHER
13. NAME Paul Lincoln
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pacific Junction, Iowa

MOTHER
15. MAIDEN NAME Pearl Grimes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forbes, Missouri

17. INFORMANT (ADDRESS) Paul Lincoln, Forest City, Missouri
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Forest City, Mo. DATE Nov. 5, 1941
19. UNDERTAKER (ADDRESS) Pettijohn Funeral Home, Oregon, Missouri
20. FILED 11-5-1941 Jno. Chandler, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5th, 1941
22. I HEREBY CERTIFY, That I attended deceased from OCT 30, 1941, to NOV. 5, 1941
I last saw him alive on NOV. 3, 1941. Death is said to have occurred on the date stated above, at 2:15A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
PATENT FORAMEN OVALE (VALVULAR HEART - WITH FAILURE TO CLOSE)	

Other contributory causes of importance:
MALNUTRITION

157e

Name of operation none — 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? No. 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 No.
(Signed) Dr. Howard E. Calkins, D.O.
(Address) Forest City, Mo.

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.

100M-3-28-35

334

This body was not embalmed

James H Pettijohn 3/92

Oregon Mo.