

1928

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

Do not use this space.

8510

1. PLACE OF DEATH

County Henry  
Township Clinton mo  
City Clinton mo

Registration District No. 347  
Primary Registration District No. 3018

File No. \_\_\_\_\_  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Washington Patrick Lingle

(a) Residence No. 509 E. Gray St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Laura Lingle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 60 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
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8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Printer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Warsaw  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John S Lingle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Elizabeth Leach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs Laura Lingle  
(Address) Clinton mo

15. FILED Jan 3, 1928 Dr. E. C. Peelar  
REGISTRAR  
by J. J.

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2, 1928 1928

17. I HEREBY CERTIFY, That I attended deceased from 9, 1927 to Jan 2, 1928.  
that I last saw him alive on Jan 2, 1927, and that death occurred, on the date stated above, at 12 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of stomach with dilated heart  
Hx B  
9.5 B  
CONTRIBUTORY (SECONDARY) Lf 4 D  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH. No, DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) J. Mallin, M. D.  
, 19 (Address) Clinton mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton mo DATE OF BURIAL 1/4/ 1928

20. UNDERTAKER Spore & Son ADDRESS Clinton  
Walker & Mallin

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.

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