

1928

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

Do not use this space.

851

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township _____ Primary Registration District No. 3618
 City Clinton (No. _____) (If nonresident give city or town and State)
 2. FULL NAME Lygia Link
 (a) Residence No. North 2nd St. 1 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. 3 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 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) Mar 4 1844
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 | 10 | 8
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1928
 17. I HEREBY CERTIFY That I attended deceased from Dec 1 1927 to Jan 12 1928 that I last saw her alive on Jan 10 1928, and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer Lip and face-Throat
45A
45F-48 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) 48 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)
 10. NAME OF FATHER Peter Link
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Genoa (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Don't know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Danuel A Poague M. D.
1/12 1928 (Address) Clinton Mo

14. INFORMANT Mr. Char Arnold (Address) Clinton Mo
 15. FILED Jan 13 1928 Dr. E. C. Seelar REGISTRAR
by JH.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Engelwood Cem. DATE OF BURIAL 1/13 1928
 20. UNDERTAKER Sprouxson ADDRESS Clinton Mo

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.

