

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

Do not use this space.

25560

1. PLACE OF DEATH

County Linn
Township Lonest Creek
City Linn (No.)

Registration District No. 501
Primary Registration District No. 4304

File No.
Registered No. 16
St. Ward)

2. FULL NAME

(a) Residence, No. Linn Mo. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marcus L. McIntyre</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18 - 1866</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>65</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>6</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		12. Date deceased last worked at this occupation (month and year)

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Purdin Missouri</u>
	13. NAME <u>William B. McIntyre</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Elija Jones</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Purdin Missouri</u>
	17. INFORMANT <u>Mrs. Bessie Fishback</u> (ADDRESS) <u>Laclede Missouri</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Hill Cemetery</u> DATE <u>July 26</u> 19 <u>31</u> <u>Brookfield Missouri</u>	
19. UNDERTAKER <u>Brookfield Missouri</u> (ADDRESS)	
20. FILED <u>7/30</u> 19 <u>31</u> <u>D. A. Taylor</u> Registrar	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th 1931

22. I HEREBY CERTIFY That I attended deceased from May 17 1931 to July 25 1931
I last saw him alive on July 24 1931 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
Hardening of Arteries
Insufficiency of Heart
Other contributory causes of importance:
None

Name of operation None Date of no
What test confirmed diagnosis? Sign 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? no
If so, specify
(Signed) F. M. Durr M. D.
(Address) Laclede Mo

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