

REC'D JUN 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18138

Do not use this space.

1. PLACE OF DEATH

(a) County Daviess

(b) Township

(c) City GallatinRegistration District No. 250Primary Registration District No. 4150Registered No. 18(c) Length of residence in city or town where death occurred 8

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eliza Linville(a) Residence, No. Gallatin, Mo.

(Usual place of abode, if no street address, write county or city)

St. ☐

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFSinyard Linville6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1857

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.8132

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.At Home9. Industry or business in which work
was done, as saw mill, bank, etc.Own Home10. Date deceased last worked at
this occupation (month and
year)May 193811. Total time (years)
spent in this
occupationLife12. BIRTHPLACE (CITY OR TOWN) Daviess Co.
(STATE OR COUNTRY) Missouri13. NAME William McCrary14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) South Carolina15. MAIDEN NAME Martha Allen16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Texas17. INFORMANT G. L. Linville
(ADDRESS) Hamilton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE McCrary Cemetery DATE May 11, 193819. FUNERAL DIRECTOR (NAME) Hope Furn. & Und. Co.
(ADDRESS) Gallatin, Mo.20. FILED May 11, 1938 H. H. Hope
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 193822. I HEREBY CERTIFY, That I attended deceased from
May 1, 1938, to May 10, 1938I last saw him alive on May 8, 1938. Death is saidto have occurred on the date stated above, at 1:35 PM

The principal cause of death and related causes of importance were as follows:

Dysentery, acute,

Date of onset

5-1-38

Other contributory causes of importance:

Nephritis chronic

1930

Name of operation none

Date of

What test confirmed diagnosis? Clinical 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)

(Address)

M. A. Smith, M. D.
Gallatin, Mo.

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, _____

L. O. Richesson

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Mo.

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

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