OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Dunklin
Township Clay
City
Registration District No. 287
Primary Registration District No. 5405
(No. 2 St. Ward)
File No. 34136
Registered No. 24

2. FULL NAME Linda Fay Busby
(a) Residence, No. 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 F
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) Dec-8-1936
7. AGE YEARS 8 MONTHS 8 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Kennett Mo

FATHER
13. NAME Ernest Busby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Kentucky

MOTHER
15. MAIDEN NAME Josie Ballard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lone Oak Co Arkansas

17. INFORMANT (ADDRESS) Mrs. W. E. Crafton Kennett Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Harnersville DATE 8/23 37
19. UNDERTAKER (ADDRESS) Mrs W E Crafton
20. FILED 10/9 1937 E. G. Cope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 23 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1937, to Aug 23 1937
I last saw her alive on Aug 22 1937. Death is said to have occurred on the date stated above, at 1-45 P.M.
The principal cause of death and related causes of importance were as follows:
Colitis (Malaria) about 8-15-37 — Date of onset
Other contributory causes of importance:
Whooping Cough
Poor feeding
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

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? No
If so, specify
(Signed) Van H. Bond M. D.
(Address) Harnersville Mo.