

REC'D MAY 25 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

16108

Do not use this space.

## 1. PLACE OF DEATH

(a) County Vernon Registration District No. 875  
 (b) Township Washington Primary Registration District No. 6162 Registered No. 117  
 (c) City ..... (d) Street No. .... St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 2 yrs. 10 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Ed Linker 526  
 (a) Residence, No. State Hospital # 2 St.  (If nonresident, give city or town and State)  
 (Usual place of abode; if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 1876  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
61 7 17  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farming  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Pa.

FATHER 13. NAME Fred A. Linker  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  Germ.

MOTHER 15. MAIDEN NAME Sophia ?  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  Germ.

17. INFORMANT (ADDRESS) Mrs. Maggie Anderson R. C. Prior

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Cemetery DATE Apr. 18 1938

19. FUNERAL DIRECTOR (ADDRESS) Allen E. Keys Nevada, Mo.

20. FILED 4/18 1938 Allen E. Keys Local Registrar. 795

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 16 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1935, to Apr. 15, 1938  
 I last saw him alive on Apr. 15, 1938. Death is said to have occurred on the date stated above, at 2:45 a.m.

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

Gen. paralysis of the insane Date of onset  
Cerebritis of the CNS ?  
83  
 Other contributory causes of importance: Broncho pneumonia 1 yr.

Name of operation none Date of .....  
 What test confirmed diagnosis? Cerebral Was there an autopsy? Yes

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) J. J. Odell M. D.  
Nevada, Mo.  
 (Address) 795

STATEMENT BY LICENSED EMBALMER

I, Allen V. Keays, Licensed Embalmer No. 1968

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed by~~ Not embalmed

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Allen V. Keays  
Licensed Embalmer No. 1968

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