

RECD MAR 16 1939

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

Do not use this space.

6998

1. PLACE OF DEATH

54 County Loppytt
Township Linton, Mo
City Linton, Mo

Registration District No. 461
Primary Registration District No. 3034

File No. 19
Registered No. _____
St. _____ Ward)

2. FULL NAME

(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 ma 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Lillie Gundstaff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 5 11
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, 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) Linton, Mo.

13. NAME Isaac Summers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny.

15. MAIDEN NAME Sophia Stoltman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellington, Mo

17. INFORMANT Mrs. Elbert Summers
(ADDRESS) Linton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Linton, Mo DATE Feb. 24 1939

19. UNDERTAKER Winkler
(ADDRESS) Linton, Mo

20. FILED Mar 7 1939 Delia Bates
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan. 21 1939, to Feb 22 1939
I last saw him alive on Feb. 22 1939 Death is said to have occurred on the date stated above, at 2:30 PM.

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis of Aorta and Rupture of same.

Other contributory causes of importance: ab

Name of operation _____ Date of _____
What test confirmed diagnosis? Post M. 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. P. Cape M. D.
(Address) Linton

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/2/39