

N. B.—Every item or 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.

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH  
County Meriwether Registration District No. 609  
Township Meriwether Primary Registration District No. 5808  
City Meriwether (No.     )  
St. Mo. Ward.       
File No. 12790  
Registered No. 29 (Ward)     

2. FULL NAME Harmon A. Linsale  
(a) Residence, No.      (Usual place of abode)  
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 4, 1869  
7. AGE YEARS 68 MONTHS 0 DAYS 17  
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Tanner!  
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     

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 18, 1937  
22. HEREBY CERTIFY that I attended deceased from Feb 15 to Feb 18 1937  
I last saw him alive on Feb 19 1937 Death is said to have occurred on the date stated above, at 12:30 AM  
The principal cause of death and related causes of importance were as follows:  
acute dilatation of heart with acute endocarditis  
Date of onset Feb 16

Other contributory causes of importance:  
hypertension 11 17 1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stymonville Mo.  
13. NAME David Linsale  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)       
15. MAIDEN NAME Mary S. Thompson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)     

Name of operation None Date of       
What test confirmed diagnosis?      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       
Where did injury occur?      (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT David Linsale  
(ADDRESS)       
18. BURIAL, CREMATION OR REMOVAL PLACE High View Cem. DATE 2-21 1937

Manner of injury       
Nature of injury       
24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify       
(Signed) Harmon A. Linsale M. D.  
(Address)     

20. FILED 3-11 1937 Smallwood Registrar.