

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

Do not use this space.

20719

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85 File No. ....  
 Township ..... Primary Registration District No. 1001 Registered No. 738  
 City St. Joseph, (No. 421 Kemper) St. .... Ward)

2. FULL NAME Albert Lindsey,  
 (a) Residence. No. 421 Kemper, St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed,  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Malinda M. Lindsey,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3rd. 1840.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
86 7 20

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) Dry Salt Dept.  
 (c) Name of employer Swift & Company..

9. BIRTHPLACE (CITY OR TOWN) Bloomington,  
 (STATE OR COUNTRY) Illinois,

10. NAME OF FATHER Unknown,  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,  
 (STATE OR COUNTRY) Ireland,  
 12. MAIDEN NAME OF MOTHER Unknown,  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,  
 (STATE OR COUNTRY) Ireland,

14. UNDERMANT Mrs. Emma Patterson,  
 (Address) 421 Kemper Street

15. FILED 25 1927 John G. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23, 1927  
 17.  I HEREBY CERTIFY That I attended deceased from 7-22-1927 to 7-23-1927  
 that I last saw him alive on 7-22-1927, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
General Arterio Sclerosis  
919 97  
162W da.

CONTRIBUTORY (SECONDARY) Smoking  
 (duration) yrs. mos. da.  
 18. WHERE WAS DISEASE CONTRACTED St Joseph Mo  
 IF NOT AT PLACE OF DEATH, .....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WHAT TEST CONFIRMED DIAGNOSIS? none  
 (Signed) Joseph [Signature], M. D.  
7/25, 1927 (Address) St Joseph Mo.  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL King Hill Cemetery DATE OF BURIAL July 25, 1927.

20. UNDERTAKER Heaton-Begole Undertakers ADDRESS 116 S. 10 St.  
651 8th. St. Mo.

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.

AUG 16

25 1927

