SEP 26 1927

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. [illegible] — File No. 23640
Township — Primary Registration District No. 10[illegible] — Registered No. 797
City St. Joseph, Mo. (No. 1815 South 13th Street St. Ward)

2. FULL NAME Clena Tindle
(a) Residence. No. 1815 South 13th Street, Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 28 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Van Tindle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20, 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	4	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jackson County
(STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER C. C. Duncan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hardin County
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Martha Sturgin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jackson County
(STATE OR COUNTRY) Indiana

14. INFORMANT Mr. Van Tindle
(Address) 1815 South 13th Street

15. FILED Aug 11 1927, 19 — John G. Utz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 9 1927

17. I HEREBY CERTIFY, That I attended deceased from June 15th, 1927, to Aug 9, 1927, that I last saw him alive on July 20, 1927, and that death occurred, on the date stated above, at 8:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Large Bowel (Colon)
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 45
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF June 20 27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible], M. D
, 19 (Address) [illegible]

*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: Troy, Kansas — DATE OF BURIAL: August 11, 1927

20. UNDERTAKER: Fleeman-Faris — ADDRESS: 1208 Francis

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.