MAR 16 1928

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

Do not use this space.

4104

1. PLACE OF DEATH
County [illegible] Registration District No. 85
Township [illegible] Primary Registration District No. 1001
City [illegible] (No. State Hospital No. 2 St. Ward)
File No.
Registered No. 201

2. FULL NAME Lewis Tindle
(a) Residence. No. 2300 Prospect Avenue St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E Tindle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 2. 1855.

7. AGE 72 YEARS | MONTHS 3 | DAYS 14 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Doniphan County,
(STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER Patrick Tindle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Martha Blankenship
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Virginia

14. INFORMANT State Hospital Record
(Address) St Joseph

15. FILED FEB 17 1928 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/16/28 19

17. I HEREBY CERTIFY, That I attended deceased from 1/31/28, 19, to 2/16/28, 19, that I last saw h alive on 2/16/28, 19, and that death occurred, on the date stated above, at 11.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Dementia
106B
97
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
Chronic Bronchitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [illegible], M. D
Febr. 16 1928 (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 Mount Auburn Cemetery
DATE OF BURIAL Febr. 18. 1928.

20. UNDERTAKER H. O. Sidenfaden
ADDRESS 1802 Union Str.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.