F 22 1928

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

Do not use this space. 29833

1. PLACE OF DEATH
County Buchannan Registration District No. 35
Township Primary Registration District No. 1001
City St. Joseph. (No. Mercy Hospital. St. Ward)

File No.
Registered No. 1641

2. FULL NAME Thomas S. Lidstone.
(a) Residence. No. St., Ward. Dearborn Missouri.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mell Utz Lidstone.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4, 1864.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	64	5	27	

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

9. BIRTHPLACE (CITY OR TOWN) Prince Edward Island.
(STATE OR COUNTRY) Alberta Canada.

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

14. INFORMANT Donald Neil Lidstone.
(Address) Dearborn Missouri.

15. FILED SEP 4 1928 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 1 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Sept 1, 1928, that I last saw him alive on Sept 1, 1928 and that death occurred, on the date stated above, at 9:35 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
115B
69B
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) General Toxemia
(duration) yrs. mos. ds.
several Weeks.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Yr. Pus Tonsilectomy
Did an operation precede death? yes DATE OF Aug 28 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Presumed Gonorrhea
(Signed) [illegible], M.D.
9/2/, 1928 (Address) 1st State Bank Bld

*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 Dearborn Missouri.
DATE OF BURIAL Sept 5 1928

20. UNDERTAKER H. C. Lutenfadeu
ADDRESS 1802 Union St.