21

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

Do not use this space.

30283

1. PLACE OF DEATH,
County Harrison — Registration District No. 340 — File No.
Township Dallis — Primary Registration District No. 5482 — Registered No.
City (No. , St. Ward)

2. FULL NAME Roy D Lindsey
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Lindsey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 13 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
46	9	15	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Harrison Co.
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: N D Lindsey
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Clinton Co Mo
12. MAIDEN NAME OF MOTHER: Sarah Sloan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Colwell Co Mo

14. INFORMANT: N D Lindsey
(Address): Bethany Mo.

15. FILED Nov 10, 1928 — J G Wilson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928, to Sept 28, 1928, that I last saw him alive on Sept 28, 1928, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Encephalitis lethargica

(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (SECONDARY)

(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?

(Signed) A. L. Wessling, M. D
Sept 29, 1928 (Address) Bethany, 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: Kidwell at Martinsville — DATE OF BURIAL: Sept 30 1928

20. UNDERTAKER: W G Noble — ADDRESS: New Hampton Mo

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.