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

Do not use this space.

32303

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 9647

Township ..... Primary Registration District No. 1003 ..... Registered No. .....

City St. Louis (No. U. S. Marine Hosp. ..... St. ..... Ward)

2. FULL NAME Harvey Lingafelter

(a) Residence. No. Keithsburg Ills St., 24 Ward. Keithsburg, Ills.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Bessie Lingafelter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 27, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	46	11	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Eng. Dept. Quarterboat

(c) Name of employer U.S. Government

9. BIRTHPLACE (CITY OR TOWN) Ills.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Danial Lingafelter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Bessie Aikens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ills.

14. INFORMANT Walter Schutner
(Address) 3640 Marine Ave., St. Louis, Mo.

15. FILED SEP 29 1928 Max C. Parkley 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 Sept. 26, 1928, to Sept. 28, 1928, that I last saw him alive on Sept. 28, 1928, 19..., and that death occurred, on the date stated above, at 7:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis - Chronic

131

131

116 B

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Pleural effusion

(duration) — yrs. — mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Rock Island, Ills.

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical tests

(Signed) K. A. Wilson, M.D.

9/28, 1928 (Address) 3640 Marine Ave., St. Louis, 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	DATE OF BURIAL
Keithsburg Ill	9-29-1928

20. UNDERTAKER	ADDRESS
Ziegenheim Bros. 2623	Cheshire St.

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.