20 1928

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

Do not use this space.

32805

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1200
City St. Joseph, (No. 641 North 8th. St. Ward)

2. FULL NAME Ernest McDonald Lindsay,
(a) Residence. No. 641 North 8th. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 52 yrs. 6 mos. 8 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 Stella Pentz Lindsay,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11, 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
52	6	8	

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER Ernest Lindsay,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greensburg,
(STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Hettie McDonald,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Mrs. E.M. Lindsay
(Address) 641 North 8th Street.

15. FILED OCT 22 1928 John G. Utz REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 19, 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1928, to Oct. 19, 1928 that I last saw h[illegible] alive on Oct. 19, 1928, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage from stomach and bowels
124B
123B
118C (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Cirrhosis of liver
440 (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) W. Pentz, M. D
10/20, 1928 (Address) 223 N. 7

*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 Mora Cemetery
DATE OF BURIAL: Oct. 20, 1928

20. UNDERTAKER: Heaton-BEGale & Bowman by J. N. Kaale
ADDRESS: 319 S. 10 St. Funeral Home

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.

WHITE PAPER, WITH UNFADING INKLETHIS IS A PERMANENT RECORD