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

Do not use this space.

1198

1. PLACE OF DEATH
County: Greene — Registration District No.: 325 — File No.:
Township: Cass — Primary Registration District No.: 5450 — Registered No.:
City: (No. ..... St. ..... Ward)

2. FULL NAME: Herschel Theota Lindsey
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 23 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar-19-1905

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
23	10	1	

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): Greene Co
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Issac Lindsey
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Tenn
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Rosa Coble
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Greene Co
(STATE OR COUNTRY): Mo

14. INFORMANT: Mrs Issac Lindsey
(Address): Willard Mo R.F.D.

15. FILED 1-20, 1929 — L E McClure, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan-20 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Jan 16, 1929, that I last saw him alive on Jan 16, 1929, and that death occurred, on the date stated above, at Jan 20-12-30. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza & pneumonia
11A
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Ext
(Signed) S. B. Smith, M. D
1-23, 1929 (Address) Walnut Grove, 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: Rose Hill Cemetery — DATE OF BURIAL: Jan-21 1929

20. UNDERTAKER: J. K. Brown & Sons — ADDRESS: Walnut Grove

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.

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