

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.

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

Do not use this space.

1654

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No.

390

File No.

245

Primary Registration District No.

Trinity Lutheran Hosp.

Registered No.

2. FULL NAME

(a) Residence. No. 5928 Dak St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred 10 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

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Mae Westover Lindley

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

Aug. 3, 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ____ hrs.
or ____ min.

52

5

13

8. OCCUPATION OF DECEASED

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

Accountant

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

10. NAME OF FATHER

Wm. Lindley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Penn.

12. MAIDEN NAME OF MOTHER

Eliza Wray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

14.

INFORMANT
(Address)

Wray G. Lindley
15906 Cherry

15.

FILED

1-17-29

M. M. Crowe
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 16 1929

17.

I HEREBY CERTIFY That I attended deceased from Jan 16 1929
that I last saw him alive on Jan 15 1929, and that
death occurred, on the date stated above Jan 16 1929.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Double
Lobar

CONTRIBUTORY
(SECONDARY)

Hemorrhage

(duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

Trinity Hospital

DID AN OPERATION PRECEDE DEATH?

yes DATE OF Jan 10 1929

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

Phy. finding & clinical

(Signed)

Rev. H. H. H. H.

M. D.

1/17, 1929 (Address)

707 1st St. Bldg.

*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

Lincoln, Neb. Jan. 17 1929

20. UNDERTAKER

ADDRESS

L. H. Newcome's Sons K. C. Mo.

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