

APR 30 1930

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

Do not use this space.

10099

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File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County St. Francois
Township " "
City Osborne (No. _____)

Registration District No. 274
Primary Registration District No. 6018B

2. FULL NAME

Hiram Ruben Lindsay

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 4 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
53 3 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant
(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) Jackson County, Ill.

10. NAME OF FATHER Isadore Lindsay

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Jackson County, Ill.

12. MAIDEN NAME OF MOTHER Mary Jane Norton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Union County, Ill.

14. INFORMANT (Address) Isadore Lindsay
Mine La Motte Mo.

15. FILED Mar 31 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 6 1930

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____, and that I last saw h. _____ alive on _____ 19____, and that death occurred, on the date stated above, at about 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation of heart,
1 1/2 hrs.
1930

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Chronic gastritis

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

18. WHERE WAS DISEASE CONTRACTED 1/2 C

8 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) R. B. Lester, M. D.

3-6, 1930 (Address) Coronet

*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

Parkview Centry 3-8 1930

20. UNDERTAKER ADDRESS Joel Diemer 91st River 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.

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